

<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>LOCAL NO 4 SEIU 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>TRUSTEES OF LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</u></p> <p><u>2229 S. HALSTED</u> <u>SUITE 122</u> <u>CHICAGO, IL 60608</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/1959</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-2418276</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>773-385-9300</u></p> <p><b>2d</b> Business code (see instructions) <u>541990</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.	04/14/2025	MICHAEL HEFNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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>	3149
<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>	3149
	<b>6a(2)</b>	3095
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	3095
	<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>	195

**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 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   1
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (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

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

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

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

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

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

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

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

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

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

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

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

<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** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>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>	
(6) Total additions .....	<b>7c(6)</b>	0
<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>	
	(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>	

**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>	63410
<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>LOCAL NO 4 SEIU 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>TRUSTEES OF LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2418276</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>CREDIT SUISSE ASSET MANAGEMENT LLC</b>	<b>ELEVEN MADISON AVENUE NEW YORK, NY 10010</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BOSTON MANAGEMENT AND RESEARCH</b>	<b>TWO INTERNATIONAL PLACE BOSTON, MA 02110</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>PACIFIC INVESTMENT MANAGEMENT CO</b>	
<b>33-0629048</b>	

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

<b>HARBOR CAPITAL ADVISORS, INC.</b>	<b>111 S WACKER DRIVE, 34TH FLR CHICAGO, IL 60606</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON FUND ADVISERS

280 PARK AVENUE  
NEW YORK, NY 10017

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

BNY MELLON

25-6078093

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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)

UNION MEDICAL CENTER, INC.

36-2430606

(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	NONE	2831328	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)

OPTUM RX, INC.

33-0441200

(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 50 62 99	PHARMACY BENEFIT MANAGEMENT	1149656	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22988	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SPECIALITY CARE MANAGEMENT, LLC

87-4610160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	508905	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)

LEGACY PROFESSIONALS

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	129672	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)

HINES & ASSOCIATES

36-3545085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	129284	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)

HEALTHLINK, INC.

43-1364135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	NONE	123584	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

K. RANDLE

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95301	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)

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49	NONE	76755	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)

MULTIPLAN

13-3068979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	71377	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)

ZELIS PAYMENTS HOLDINGS LLC

84-3069529

(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?
38 56	NONE	30339	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39993	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

R. WEAVER

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65458	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)

H. KURTZ

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56511	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)

E. COSTA

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50681	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)

N. COX

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49397	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)

G. LEE

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48095	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)

A. ROBLEDO

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47787	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHER, GITTLER, & D'ALBA, LTD.

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	46104	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)

R. TAYLOR

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43351	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)

G. RANGEL

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41506	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)

C. HARRIS-ARMSTRONG

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41006	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)

C. BARNETT

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39608	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)

P. RICE BANISTER

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37767	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)

R. WHITAKER

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35326	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)

PREFERRED NETWORK ACCESS, INC

36-4018433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	35270	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"/>

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

E. BROWN

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31130	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)

A. BATES

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30677	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)

N. MUHAMMAD

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25600	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"/>

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

J. MACK

36-2418276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25210	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)

DOWD, BLOCH, BENNETT, CERVONE, AUER

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	24286	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)

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	18094	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"/>

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

APPLEGATE CONSULTING GROUP

45-4769589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	16238	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)

K-PLUS COMPUTER SERVICES, LLC

36-4282001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	15372	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)

MNJ TECHNOLOGIES

01-0560518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49	NONE	14362	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"/>

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

MED-EXPERT INTERNATIONAL, INC.

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13306	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)

TAB SERVICE COMPANY

36-2463139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	12449	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)

SOMMERS & FAHRENBACH, INC.

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 38	NONE	10350	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)

PSG CONSULTING LLC

14-2001350

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	9936	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)

LHH RECRUITMENT SOLUTIONS

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8049	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)

MANAGED CARE STAFFERS

36-4411050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8023	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)

ABSOLUTE SOLUTIONS LLC

27-3584158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7365	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)

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 59 62 72	NONE	3312	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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
OPTUM RX, INC.	62 99	22988
(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.	
OPTUM RX RETAIL NETWORK 2300 MAIN STREET IRVINE, CA 92614	FLOAT REVENUE AND OTHER REPORTABLE INDIRECT COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

<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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <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 <u>LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2418276</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO CF BRD MRKT STOCK

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

<b>c</b> EIN-PN <u>84-7062700-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1039377</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<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 <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>LOCAL NO 4 SEIU 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>TRUSTEES OF LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2418276</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1664818	4356001
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	452731	1499857
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	8211	77067
<b>(3)</b> Other .....	<b>1b(3)</b>	1136683	631257
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	273104	1325736
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>	5735	4843
<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>		
<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>	1145785	1039377
<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>	5404475	4678800
<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>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
<b>(1)</b> Employer securities .....	<b>1d(1)</b>		
<b>(2)</b> Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	341007	269365
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	10432549	13882303
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	3126963	3197266
<b>h</b> Operating payables .....	<b>1h</b>	109786	167725
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	3236749	3364991
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	7195800	10517312

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
<b>(1)</b> Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	19632428	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	1544997	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
<b>(2)</b> Noncash contributions .....	<b>2a(2)</b>		
<b>(3)</b> Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		21177425
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	14193	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	288	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14481
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	275576	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		275576
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1060	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1027	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		33
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	134	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		134

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		229308
(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>		-19793
<b>c</b> Other income.....	<b>2c</b>		609054
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		22286218

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	13464551	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	55517	
(3) Other.....	<b>2e(3)</b>	3671980	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		17192048
<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>	1026707	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	79162	
(4) IQPA audit fees.....	<b>2i(4)</b>	51700	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	3040	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	3312	
(7) Actuarial fees.....	<b>2i(7)</b>	18094	
(8) Legal fees.....	<b>2i(8)</b>	70390	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	520253	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1772658
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		18964706

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3321512
<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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3998
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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 \_\_\_\_\_.

**Local No. 4 SEIU  
Health and Welfare Fund**

Financial Statements

June 30, 2024

**Local No. 4 SEIU  
Health and Welfare Fund**

Financial Statements with Supplementary Information

June 30, 2024 and 2023

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## **Report of Independent Auditors**

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

### ***Opinion***

We have audited the financial statements of Local No. 4 SEIU Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2024 and 2023, and the related statements 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Local No. 4 SEIU Health and Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

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

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

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

***Responsibilities of Management for the Financial Statements (continued)***

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

*Legacy Professionals LLP*

Westchester, Illinois

March 3, 2025

**Local No. 4 SEIU  
Health and Welfare Fund**

**Statements of Net Assets Available for Benefits and  
Benefit Obligations**

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Net Assets Available for Benefits</b>		
<b>Assets</b>		
Cash	\$ 4,356,001	\$ 1,664,818
Receivables		
Employer contributions - net	1,499,857	452,731
Participant contributions	77,067	8,211
Rebates and refunds	194,501	338,230
Accrued interest and dividends	18,736	14,226
Due from related organizations - net	<u>372,758</u>	<u>737,389</u>
Total receivables	<u>2,162,919</u>	<u>1,550,787</u>
Investments - at fair value		
Mutual funds	4,678,800	5,404,475
Collective investment fund	1,039,377	1,145,785
Corporate bonds and notes	4,843	5,735
Money market fund	<u>1,325,736</u>	<u>273,104</u>
Total investments	<u>7,048,756</u>	<u>6,829,099</u>
Prepaid expenses	<u>45,262</u>	<u>46,838</u>
Property and equipment - net	<u>269,365</u>	<u>341,007</u>
Total assets	<u>13,882,303</u>	<u>10,432,549</u>
<b>Liabilities</b>		
Accounts payable and accrued expenses	<u>167,725</u>	<u>109,786</u>
Net assets available for benefits	<u>13,714,578</u>	<u>10,322,763</u>
<b>Benefit Obligations</b>		
Medical claims payable and claims incurred but not reported	3,062,500	2,955,400
Prescription drug claims payable and claims incurred but not reported	47,400	45,800
Provider and administrative fees payable	<u>87,366</u>	<u>125,763</u>
Total benefit obligations	<u>3,197,266</u>	<u>3,126,963</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 10,517,312</u>	<u>\$ 7,195,800</u>

See accompanying notes to financial statements.

**Local No. 4 SEIU  
Health and Welfare Fund**

**Statements of Changes in Net Assets Available for Benefits and  
Benefit Obligations**

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Net Increase (Decrease) in Net Assets Available for Benefits</b>		
<b>Additions</b>		
Investment income - net	\$ 496,699	\$ 263,338
Employer contributions - net	19,632,428	17,893,869
Participant contributions	1,544,997	1,644,521
Claims and subrogation refunds	42,759	346,942
Prescription drug rebates	477,826	467,047
Liquidated damages, interest and fees	88,469	124,693
Total additions	<u>22,283,178</u>	<u>20,740,410</u>
<b>Deductions</b>		
Cost of benefits		
Medical	12,206,195	14,276,873
UMC plan fees	2,831,328	2,831,328
Prescription drug	1,149,656	1,088,720
Insurance premiums	55,517	63,256
	<u>16,242,696</u>	<u>18,260,177</u>
Claims access and administrative fees		
Preferred provider	123,584	141,157
Claims review and case management	755,465	960,532
Total cost of benefits	<u>17,121,745</u>	<u>19,361,866</u>
Fees mandated by ACA	10,571	9,918
Administrative expenses	1,759,047	1,816,381
Total deductions	<u>18,891,363</u>	<u>21,188,165</u>
<b>Net increase (decrease) in net assets available for benefits</b>	<u>3,391,815</u>	<u>(447,755)</u>
<b>Net Increase (Decrease) in Benefit Obligations</b>		
Net increase (decrease) during the year attributable to changes in		
Medical claims payable and claims incurred but not reported	107,100	51,500
Prescription drug claims payable and claims incurred but not reported	1,600	5,800
Preferred provider and administrative fees payable	(38,397)	(68,603)
Net increase (decrease) in benefit obligations	<u>70,303</u>	<u>(11,303)</u>
<b>Net increase (decrease) in excess of net assets available for benefits over benefit obligations</b>	3,321,512	(436,452)
<b>Excess of net assets available for benefits over benefit obligations</b>		
Beginning of year	<u>7,195,800</u>	<u>7,632,252</u>
End of year	<u>\$ 10,517,312</u>	<u>\$ 7,195,800</u>

See accompanying notes to financial statements.

**Local No. 4 SEIU  
Health and Welfare Fund**

**Notes to Financial Statements**

June 30, 2024 and 2023

**Note 1. Summary of Significant Accounting Policies**

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

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

**Contributions Receivable** - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer delinquencies and payroll compliance audit deficiencies are recognized upon settlement with the employer. The receivable is shown net of an allowance for uncollectible accounts of \$552,376 at June 30, 2024 and \$392,234 at June 30, 2023, as determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

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

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

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

## **Note 1. Summary of Significant Accounting Policies (continued)**

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

**Benefit Obligations** - Claims payable and claims incurred but not reported are estimated by the Plan's consultant based on prior claims payment history, eligibility counts, claim lag studies, percentage factors, paid and incurred claims cost studies, and other data as considered necessary.

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due at year end are reported as a receivable.

**Subrogation Refunds** - Claims that are reimbursed pursuant to subrogation matters are recorded upon settlement. Subrogation matters involve third parties considered to be responsible for claims paid by the Plan from whom the Plan seeks reimbursement.

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

**Benefit Payments** - The Plan is self-funded for all medical and prescription drug benefits. All life and accidental death and dismemberment benefits are provided under an insurance contract.

**Leases** - Arrangements for shared office space with related parties are described in Note 11. Under generally accepted accounting principles, the Plan must determine if an arrangement is a lease at inception. Upon evaluating the Plan's leasing arrangement, Plan management has determined that because both the Plan and the lessor have the right to terminate the lease without the other party's permission and face only an insignificant penalty for doing so, the lease would not be considered enforceable or create enforceable rights and obligations beyond the six-month notice period. Therefore, the Plan has accounted for the office lease agreement as a short-term lease, and neither a right-of-use asset nor a lease liability was recorded on the statements of net assets available for benefits and benefit obligations. Additionally, there are other leases for office equipment that are immaterial. The Plan has provided certain disclosures regarding its leasing arrangements, which are included in Note 11.

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

## **Note 1. Summary of Significant Accounting Policies (continued)**

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

**Subsequent Events** - Subsequent events have been evaluated through March 3, 2025, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan was established during 1959 as a result of a collective bargaining agreement to provide health and welfare benefits for eligible participants. The Plan currently offers medical, prescription drug and life insurance benefits. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan offers participants the option of enrolling in either the Plan's Union Medical Center Plan or a PPO plan for medical health care services. The Plan's prescription drug coverage is provided through a contracted pharmacy benefit manager. Life and accidental death and dismemberment coverage for active participants is provided through a group insurance contract.

Participants become initially eligible for benefits on the first day of the month following five consecutive calendar months for which contributions are made on their behalf, at which time participant contributions are also required. Eligibility continues for each successive month that contributions are made.

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

The Plan may be amended from time to time by the Trustees at their sole discretion.

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

## **Note 3. Priorities upon Termination**

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

#### **Note 4. Tax Status**

The Internal Revenue Service has advised that the trust established under the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

#### **Note 5. Funding Policy**

The Plan is primarily funded by employer contributions, participant co-pay contributions and contributions from participants electing COBRA coverage. Monthly employer contribution rates are specified in the collective bargaining agreements and ranged from \$190 to \$266 during the years ended June 30, 2024 and 2023. Participant monthly co-pay contribution rates are based on the participant's work status, the employer's geographic area and the participant's plan choice, and ranged from \$9 to \$165 during the years ended June 30, 2024 and 2023. Contributions from participants electing COBRA coverage were paid at a monthly rate ranging from \$340 to \$1,394 for the year ended June 30, 2024, and from \$363 to \$1,465 for 2023, depending on the participant's coverage option.

The Plan provided an incentive of a \$1 per participant discount to employers who submitted payments by ACH transfer by the due date, and a \$4 per participant discount to employers who submitted electronic reports to the Plan. Incentive discounts netted with employer contribution income for the year ended June 30, 2023 totaled approximately \$300,000. Effective in May 2023, the Plan discontinued the incentive discounts.

#### **Note 6. Concentration of Cash**

Cash consists of monies held in checking accounts without significant withdrawal restrictions. The Plan places its cash with financial institutions deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000 per financial institution. Although balances may at times exceed insured limits, the Plan believes its credit risk to be minimal.

## Note 7. Investment Income

A summary of investment income for the years ended June 30, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Net appreciation (depreciation) in fair value of		
Investments sold during the year	\$ (147,693)	\$ 204
Investments held at year end	<u>357,375</u>	<u>(14,206)</u>
	209,682	(14,002)
Interest and dividends	<u>290,057</u>	<u>279,745</u>
	499,739	265,743
Less investment expenses	<u>(3,040)</u>	<u>(2,405)</u>
Investment income - net	<u>\$ 496,699</u>	<u>\$ 263,338</u>

## Note 8. Fair Value Measurements

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

### Basis of Fair Value Measurement

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits and benefit obligations.

**Note 8. Fair Value Measurements (continued)**

	Total	Fair Value Measurements at 6/30/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 4,678,800	\$ 4,678,800	\$ -	\$ -
Corporate bonds and notes	4,843	-	4,843	-
Money market fund	1,325,736	-	1,325,736	-
	6,009,379	<u>\$ 4,678,800</u>	<u>\$ 1,330,579</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment fund	1,039,377			
Total	<u>\$ 7,048,756</u>			

	Total	Fair Value Measurements at 6/30/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 5,404,475	\$ 5,404,475	\$ -	\$ -
Corporate bonds and notes	5,735	-	5,735	-
Money market fund	273,104	-	273,104	-
Total	5,683,314	<u>\$ 5,404,475</u>	<u>\$ 278,839</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment fund	1,145,785			
Total	<u>\$ 6,829,099</u>			

Level 1 Measurements

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

## Note 8. Fair Value Measurements (continued)

### Level 2 Measurements

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

The money market fund is valued at cost, which approximates its fair value.

### Measurements Using Net Asset Value as a Practical Expedient

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

The collective investment fund is a direct filing entity (DFE) that files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the investment strategies of DFE investments. Redemptions from the collective investment fund are available daily with no notice period.

## Note 9. Property and Equipment

Property and equipment at June 30, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Computer equipment and software	\$ 974,009	\$ 974,008
Furniture and equipment	91,992	91,992
Leasehold improvements	<u>91,254</u>	<u>91,254</u>
	1,157,255	1,157,254
Less accumulated depreciation	<u>(887,890)</u>	<u>(816,247)</u>
Net property and equipment	<u>\$ 269,365</u>	<u>\$ 341,007</u>

Depreciation expense was \$32,521 for the year ended June 30, 2024 and \$46,511 in 2023.

## **Note 10. Related Organizations**

The Plan shares certain common governance with SEIU Local No. 4 Pension Fund (the Pension Fund), SEIU Healthcare Illinois Home Care and Child Care Fund (the Home Care and Child Care Fund) and SEIU Healthcare Illinois & Indiana (the Local).

### Shared Administrative Costs

The Plan shares facilities, equipment and staff with the Pension Fund and the Home Care and Child Care Fund. Salaries, payroll taxes, benefits and other expenses including rent are initially paid by the Plan. An allocation of these expenses is made based on estimates of time spent and costs incurred. Expenses allocated to the Pension Fund totaled \$765,704 for the year ended June 30, 2024 and \$727,993 for 2023. Expenses allocated to the Home Care and Child Care Fund totaled \$3,745,355 for the year ended June 30, 2024 and \$3,560,893 for 2023. The Pension Fund and the Home Care and Child Care Fund make estimated monthly reimbursements to the Plan. Additionally, the Plan makes payments to common vendors, and the Pension Fund and Home Care and Child Care Fund reimburse the Plan for their direct allocation of such payments.

The shared expenses and direct allocations, net of reimbursements, resulted in a net amount due from the Home Care and Child Care Fund of \$257,669 and \$582,273 as of June 30, 2024 and 2023, respectively. Shared expenses and direct allocations to the Pension Fund, net of estimated reimbursements, resulted in a net amount due from the Pension Fund of \$131,921 and \$171,510 as of June 30, 2024 and 2023, respectively.

### Lockbox Account

The Plan had previously opened a lockbox account in order to receive checks from those employers who do not submit their contributions through ACH transfer. Occasionally, those employers also remit to the lockbox contributions for the Pension Fund and the Home Care and Child Care Fund and member deductions for the Local. On a regular basis, amounts received for related organizations are remitted to those organizations. At June 30, 2024, the lockbox account held \$1,146 in contributions due to the Home Care Child Care Fund and \$19,770 in member deductions due to the Local, and was owed \$4,084 from the Pension Fund for overpayments. At June 30, 2023, the lockbox account held \$4,258 in contributions due to the Pension Fund and \$12,136 in member deductions due to the Local.

### Lease

The Plan leases office space from the Local as described in Note 11.

## Note 11. Operating Leases

The Plan entered into a lease agreement with the Local, which is set to expire in August 2030 and provides for lease payments that escalate \$.50 per square foot annually. The lease provides that the Plan is responsible for its allocable portion of utilities, taxes and the building's operating expenses. This agreement was amended at various times to increase the square footage provided under the lease. The monthly rent increased to \$17,118 effective in September 2023. The Pension Fund and the Home Care and Child Care Fund reimburse the Plan for their prorated share of the leased facility.

The Plan leased copier equipment under an agreement that was set to expire in November 2024 and another agreement which extended through December 2023. These agreements required monthly payments of \$658 and \$598 respectively. In August 2023, the Plan terminated both leases and entered into a new lease agreement that is set to expire in October 2028. The lease agreement requires monthly payments of \$1,113.

The following provides a summary by year of future minimum rental payments required under the various leases:

	<u>Office Space</u>	<u>Copiers</u>	<u>Total</u>
Year ending June 30,			
2025	\$ 210,245	\$ 13,356	\$ 223,601
2026	215,513	13,356	228,869
2027	220,781	13,356	234,137
2028	226,038	13,356	239,394
2029	231,305	3,339	234,644
Thereafter	<u>256,324</u>	-	<u>256,324</u>
Total	<u>\$ 1,360,206</u>	<u>\$ 56,763</u>	<u>\$ 1,416,969</u>

For the years ended June 30, 2024 and 2023, the Plan's share of rental and related building operating costs, after allocating to the related organizations, was \$119,962 and \$107,679 respectively.

## Note 12. Risks and Uncertainties

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

**Note 12. Risks and Uncertainties (continued)**

Benefit obligations are reported based on certain assumptions pertaining to plan design, prior claims history, specific lag studies, percentage factors, and other pertinent assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 13. Participant Payroll Deductions**

Employers withhold participant co-pay contributions through payroll deductions. During the years ended June 30, 2024 and 2023, employers at times remitted such contributions to the Plan more than 90 days after their due date. The late payments did not meet the timeliness requirements as prescribed by U.S. Department of Labor (DOL) regulations. During the years ended June 30, 2024 and 2023, contributing employers failed to timely remit to the Plan participant contributions totaling \$3,998 and \$4,222 respectively.

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

**Note 14. Participation in Multiemployer Pension Plan**

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

The Plan's shared participation in the multiemployer defined benefit pension plan for the years ended June 30, 2024 and 2023 is outlined in the following table. Contributions are initially paid by the Plan and are allocated to the related organizations as described in Note 10. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

**Note 14. Participation in Multiemployer Pension Plan (continued)**

Pension Plan	EIN/PN	Pension Protection Act		FIP/RP Status Pending / Implemented	Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status			2024	2023	
		2024	2023				
SEIU Affiliates' Officers and Employees Pension Plan	52-0812348/001	Green as of 1/1/2024	Green as of 1/1/2023	N/A	\$ 144,745	\$ 137,335	12/31/2023

Contributions to the plan are made monthly under terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report. The zone status certifications listed above reflect extended amortization provisions provided by law to amortize losses from 2008.

**Note 15. Department of Labor Investigation**

The Department of Labor (DOL) conducted an investigation of the Plan for the general purpose of determining compliance with the provisions of Title I of ERISA. The Plan received a letter from the DOL in connection with the investigation, which indicated that in the opinion of the DOL, a violation was made with respect to the processing of certain claims. Subsequent to year end, the Plan paid amounts totaling \$112,197 to correct previous underpayments. In September 2024, the Plan received a letter from the DOL indicating that the investigation was closed. The Plan's legal counsel believes no further action by the Plan is necessary.

**Note 16. COVID-19 Claims**

In June 2020, an Illinois law was amended to provide that the exposure and contraction of COVID-19 is presumed to have arisen out of and in the course of the employee's first responder or front-line worker employment. This includes all workers for health care providers, including nursing homes, which employ the majority of the participants in this plan. Under the current plan of benefits, charges for injury, illness or diseases sustained in the course of employment which may be payable under workers' compensation law are not payable by the Plan. As such, the Plan has denied these claims and directed participants to file workers' compensation claims. At June 30, 2024, there were approximately \$5,639,000 in denied COVID-19 claims. Such amounts are not included in these financial statements.

In November 2022, a medical provider filed a lawsuit against the Plan for the non-payment of a COVID-19 claim. This claim had been denied in the manner described above. The ultimate determination of liability on this claim cannot be estimated at this time.

**Note 17. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 13,714,578	\$ 10,322,763
Less - benefit obligations currently payable	<u>(3,197,266)</u>	<u>(3,126,963)</u>
Net assets available for benefits per the Form 5500	<u>\$ 10,517,312</u>	<u>\$ 7,195,800</u>

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

Benefits paid to or for participants per the financial statements	\$ 17,121,745
Add - amounts currently payable at end of year	3,197,266
Less - amounts currently payable at beginning of year	<u>(3,126,963)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 17,192,048</u>

**LEGACY**  
PROFESSIONALS LLP  
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

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

We have audited the financial statements of Local No. 4 SEIU Health and Welfare Fund (the Plan) as of and for the years ended June 30, 2024 and 2023 and our report thereon dated March 3, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1, 2 and 3 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

March 3, 2025

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
COMERICA BANK	19
COMERICA BANK	49
COMERICA BANK	59
COMERICA BANK	62
COMERICA BANK	72
OPTUM RX, INC.	12
OPTUM RX, INC.	13
OPTUM RX, INC.	50
OPTUM RX, INC.	62
OPTUM RX, INC.	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	14,226.	18,736.
DUE FROM RELATED FUNDS - NET	737,389.	372,758.
REBATES AND REFUNDS	338,230.	194,501.
PREPAID EXPENSES	46,838.	45,262.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,136,683.	631,257.

SCHEDULE H OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
CLAIMS REFUNDS & SUBROGATIONS	42,759.
LIQUIDATED DAMAGES, INTEREST, AND FEES	88,469.
PRESCRIPTION DRUG REBATES	477,826.
TOTAL TO SCHEDULE H, LINE 2C	609,054.



**Local No 4 SEIU Health and Welfare Fund**  
**Schedule of Assets Held for Investment Purposes**  
**EIN: 36-2418276**  
**Year Ended June 30, 2024**

<u>Investment Type</u>	<u>Reference</u>	<u>Cost</u>	<u>FMV</u>	<u>Per 5500 at FMV</u>
<b>Interest Bearing Cash</b>				
Goldman Sachs FS Government Fund	N/A	1,325,736	1,325,736	1,325,736
<b>Total Interest Bearing Cash</b>		<u>1,325,736</u>	<u>1,325,736</u>	<u>1,325,736</u>
<b>Corporate Debt Instruments</b>				
Collateralized Mtg Obligations	pg. 2	3,721	3,399	3,399
Asset Backed Securities	pg. 2	1,476	1,444	1,444
<b>Total Corporate Debt Instruments</b>		<u>5,197</u>	<u>4,843</u>	<u>4,843</u>
<b>Value of Interest in Common Collective Trust Funds</b>				
BNYM Mellon AFL-CIO CF SL Broad Market Stock Index Fund	N/A	834,385	1,039,377	1,039,377
<b>Total Value of Interest in Common Collective Trust Funds</b>		<u>834,385</u>	<u>1,039,377</u>	<u>1,039,377</u>
<b>Value of Interest in Registered Investment Companies</b>				
Mutual Funds Taxable	pg. 2	5,595,421	4,678,800	4,678,800
<b>Total Value of Interest in Registered Investment Companies</b>		<u>5,595,421</u>	<u>4,678,800</u>	<u>4,678,800</u>



**Detailed Holdings**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Debt Securities</b>							
<b>Collateralized Mtg Obligations</b>							
BEAR STEARNS CMO 3.945971% 12/25/2033 Cusip: 07386HDT5, Standard & Poor's CCC	3,749.6900	90.53	3,394.45	3,716.59	(322.14)	18.92 147.96	
DEUTSCHE ALT-A SECS INC SER 2003-2XS CL A6 CMO 5.47% 09/25/2033 Cusip: 251510AW3, Standard & Poor's AA	4.3700	97.48	4.26	4.28	(0.02)	0.02 0.24	
<b>Total Collateralized Mtg Obligations</b>			<b>3,398.71</b>	<b>3,720.87</b>	<b>(322.16)</b>	<b>18.94 148.20</b>	
<b>Asset Back Securities</b>							
SALOMON 3.95% 01/25/2033 Cusip: 79549ARU5, Standard & Poor's AA-	1,538.0200	93.86	1,443.60	1,476.46	(32.86)	5.06 60.75	
<b>Total Asset Back Securities</b>			<b>1,443.60</b>	<b>1,476.46</b>	<b>(32.86)</b>	<b>5.06 60.75</b>	
<b>Mutual Funds Taxable</b>							
CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Cusip: 22540S836	45,938.7850	6.34	291,251.90	310,432.23	(19,180.33)	2,163.14 78,696.73	
EATON VANCE FLOATING RATE ADVANTAGE FUND Cusip: 277923660	29,033.9540	10.01	290,629.88	308,392.48	(17,762.60)	2,087.17 25,600.85	
HARBOR FDS CORE BOND - RTR Cusip: 411512197	130,524.3800	8.77	1,144,698.81	1,325,918.37	(181,219.56)	0.00 51,165.56	
PIMCO ALL ASSET FD INSTL Cusip: 722005626	53,592.7870	11.00	589,520.66	663,469.94	(73,949.28)	0.00 27,439.51	
PIMCO TOTAL RETURN FD INSTL Cusip: 693390700	145,165.6670	8.49	1,232,456.51	1,500,930.36	(268,473.85)	4,521.02 188,262.40	
WESTERN ASSET CORE PLUS BD I Cusip: 957663503	122,986.1740	9.19	1,130,242.94	1,486,277.23	(356,034.29)	4,297.39 53,427.30	
<b>Total Mutual Funds Taxable</b>			<b>4,678,800.70</b>	<b>5,595,420.61</b>	<b>(916,619.91)</b>	<b>13,068.72 424,592.35</b>	



**5% Transactions - Single Transactions  
 For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
<b>SEIU LOCAL 4 HEALTH &amp; WELFARE FUND</b>				
03/31/2024	SALE	AFL-CIO CF SL BRD MKT	0.00	350,000.00
03/06/2024	SWEEP PURCHASE	700,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	700,000.00	700,000.00
03/07/2024	SWEEP SALE	692,289.94 shares GOLDMAN SACHS FIN SQ GOVT INST	692,289.94	692,289.94
03/19/2024	SWEEP PURCHASE	350,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	350,000.00	350,000.00
04/26/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
<b>Total Single Transactions</b>			<b>2,742,289.94</b>	<b>3,092,289.94</b>



SEIU LOCAL 4 HEALTH & WELFARE FUND

**5% Transactions - Non-Security Transactions  
For the Period July 01, 2023 - June 30, 2024**

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No data in the reporting period



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
<b>SEIU LOCAL 4 HEALTH &amp; WELFARE FUND</b>				
07/03/2023	SWEEP PURCHASE	1,046.63 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	1,046.63	1,046.63
07/03/2023	SWEEP PURCHASE	2,852.49 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,852.49	2,852.49
07/05/2023	SWEEP PURCHASE	4,239.03 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,239.03	4,239.03
07/07/2023	SWEEP PURCHASE	4,553.05 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,553.05	4,553.05
07/11/2023	SWEEP PURCHASE	2,944.68 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,944.68	2,944.68
07/12/2023	SWEEP PURCHASE	4,571.28 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,571.28	4,571.28
07/19/2023	SWEEP PURCHASE	68.78 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	68.78	68.78
07/25/2023	SWEEP PURCHASE	85.49 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	85.49	85.49
07/28/2023	SWEEP SALE	275,000 shares GOLDMAN SACHS FINANCIAL SQUARE	275,000.00	275,000.00
08/01/2023	SWEEP PURCHASE	1,083.05 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	1,083.05	1,083.05



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
08/01/2023	SWEEP PURCHASE	2,983.97 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,983.97	2,983.97
08/02/2023	SWEEP PURCHASE	7,587.71 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	7,587.71	7,587.71
08/02/2023	SWEEP PURCHASE	4,313.17 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,313.17	4,313.17
08/04/2023	SWEEP PURCHASE	4,093.16 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,093.16	4,093.16
08/09/2023	SWEEP PURCHASE	71.88 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	71.88	71.88
08/25/2023	SWEEP PURCHASE	82.53 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	82.53	82.53
09/01/2023	SWEEP PURCHASE	161.81 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	161.81	161.81
09/01/2023	SWEEP PURCHASE	8,044.38 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	8,044.38	8,044.38
09/05/2023	SWEEP PURCHASE	7,598.86 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	7,598.86	7,598.86
09/06/2023	SWEEP PURCHASE	4,571.42 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,571.42	4,571.42



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
09/11/2023	SWEEP PURCHASE	6,484.29 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	6,484.29	6,484.29
09/19/2023	SWEEP PURCHASE	115.04 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	115.04	115.04
09/25/2023	SWEEP PURCHASE	70.49 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	70.49	70.49
10/02/2023	SWEEP PURCHASE	255.5 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	255.50	255.50
10/02/2023	SWEEP PURCHASE	2,786.86 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,786.86	2,786.86
10/03/2023	SWEEP PURCHASE	13,476.26 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	13,476.26	13,476.26
10/04/2023	SWEEP PURCHASE	2,956.97 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,956.97	2,956.97
10/19/2023	SWEEP PURCHASE	70.25 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	70.25	70.25
10/24/2023	SWEEP SALE	42.9 shares GOLDMAN SACHS FINANCIAL SQUARE	42.90	42.90
10/25/2023	SWEEP PURCHASE	212.87 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	212.87	212.87



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
11/01/2023	SWEEP PURCHASE	361.51 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	361.51	361.51
11/01/2023	SWEEP PURCHASE	7,359.09 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	7,359.09	7,359.09
11/02/2023	SWEEP PURCHASE	9,094.84 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	9,094.84	9,094.84
11/03/2023	SWEEP PURCHASE	3,159.09 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	3,159.09	3,159.09
11/15/2023	SWEEP PURCHASE	71.82 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	71.82	71.82
11/27/2023	SWEEP PURCHASE	64.61 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	64.61	64.61
11/30/2023	SWEEP PURCHASE	0.05 share GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	0.05	0.05
12/01/2023	SWEEP PURCHASE	437.2 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	437.20	437.20
12/01/2023	SWEEP PURCHASE	7,766.28 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	7,766.28	7,766.28
12/04/2023	SWEEP PURCHASE	4,145.69 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,145.69	4,145.69



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
12/05/2023	SWEEP PURCHASE	4,226.8 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	4,226.80	4,226.80
12/07/2023	SWEEP PURCHASE	2,978.15 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	2,978.15	2,978.15
12/18/2023	SWEEP PURCHASE	69.64 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	69.64	69.64
12/21/2023	SWEEP PURCHASE	7,268.87 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	7,268.87	7,268.87
12/26/2023	SWEEP PURCHASE	106.66 shares GOLDMAN SACHS FINANCIAL SQUARE STATE COST: 0.00	106.66	106.66
01/02/2024	SWEEP PURCHASE	542.79 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	542.79	542.79
01/02/2024	SWEEP PURCHASE	15,572.63 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	15,572.63	15,572.63
01/04/2024	SWEEP PURCHASE	4,917.13 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,917.13	4,917.13
01/08/2024	SWEEP PURCHASE	3,093.53 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,093.53	3,093.53
01/08/2024	SWEEP PURCHASE	4,280.25 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,280.25	4,280.25



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
01/22/2024	SWEEP PURCHASE	72.57 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	72.57	72.57
01/25/2024	SWEEP PURCHASE	400.56 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	400.56	400.56
02/01/2024	SWEEP PURCHASE	677.76 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	677.76	677.76
02/02/2024	SWEEP PURCHASE	3,330.99 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,330.99	3,330.99
02/02/2024	SWEEP PURCHASE	4,227.03 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,227.03	4,227.03
02/05/2024	SWEEP PURCHASE	7,767.97 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,767.97	7,767.97
02/07/2024	SWEEP PURCHASE	3,081.61 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,081.61	3,081.61
02/26/2024	SWEEP PURCHASE	28.78 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	28.78	28.78
02/26/2024	SWEEP PURCHASE	72.62 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	72.62	72.62
02/27/2024	SWEEP PURCHASE	36.31 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	36.31	36.31



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
02/27/2024	SWEEP PURCHASE	5.14 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5.14	5.14
03/01/2024	SWEEP PURCHASE	712.09 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	712.09	712.09
03/04/2024	SWEEP PURCHASE	10,673.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	10,673.98	10,673.98
03/06/2024	SWEEP PURCHASE	700,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	700,000.00	700,000.00
03/07/2024	SWEEP SALE	692,289.94 shares GOLDMAN SACHS FIN SQ GOVT INST	692,289.94	692,289.94
03/08/2024	SWEEP PURCHASE	294.19 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	294.19	294.19
03/13/2024	SWEEP PURCHASE	67.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	67.87	67.87
03/18/2024	SWEEP PURCHASE	5,421.45 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,421.45	5,421.45
03/19/2024	SWEEP PURCHASE	350,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	350,000.00	350,000.00
03/21/2024	SWEEP SALE	300,000 shares GOLDMAN SACHS FIN SQ GOVT INST	300,000.00	300,000.00
03/25/2024	SWEEP PURCHASE	72.36 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	72.36	72.36



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
03/31/2024	SALE CASH SETTLEMENT	4.244 shares AFL-CIO CF SL BRD MKT Trade 03/31/2024 Settle 03/31/2024 4.244 Units @ 11.08152686 Fed Long Term Gain: 3.27	38.33	47.03
03/31/2024	SALE	AFL-CIO CF SL BRD MKT	0.00	350,000.00
03/31/2024	REDEMPTION	31,585.1694 shares AFL-CIO CF SL BRD MKT Trade 03/31/2024 Settle 03/31/2024 31,585.1694 Units @ 11.08115 Fed Long Term Gain: 24,312.21	285,367.94	0.00
04/01/2024	SWEEP PURCHASE	1,121.77 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,121.77	1,121.77
04/02/2024	SWEEP PURCHASE	3,334.9 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,334.90	3,334.90
04/02/2024	SWEEP PURCHASE	4,525.72 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,525.72	4,525.72
04/03/2024	SWEEP PURCHASE	2,402.11 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,402.11	2,402.11
04/03/2024	SWEEP PURCHASE	2,373.38 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,373.38	2,373.38
04/05/2024	SWEEP PURCHASE	4,660.66 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,660.66	4,660.66



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
04/12/2024	SWEEP PURCHASE	57.16 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	57.16	57.16
04/25/2024	SWEEP PURCHASE	23.25 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	23.25	23.25
04/26/2024	SWEEP PURCHASE	12.49 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12.49	12.49
04/26/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
04/30/2024	SWEEP SALE	12.49 shares GOLDMAN SACHS FIN SQ GOVT INST	12.49	12.49
05/01/2024	SWEEP PURCHASE	1,879.59 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,879.59	1,879.59
05/01/2024	SWEEP PURCHASE	2,082.76 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,082.76	2,082.76
05/02/2024	SWEEP PURCHASE	8,736.84 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	8,736.84	8,736.84
05/02/2024	SWEEP PURCHASE	4,520.06 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,520.06	4,520.06
05/03/2024	SWEEP PURCHASE	7,042.99 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,042.99	7,042.99
05/09/2024	SWEEP SALE	4,368.42 shares GOLDMAN SACHS FIN SQ GOVT INST	4,368.42	4,368.42



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
05/16/2024	SWEEP PURCHASE	52.27 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	52.27	52.27
05/28/2024	SWEEP PURCHASE	88.17 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	88.17	88.17
06/03/2024	SWEEP PURCHASE	5,526.95 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,526.95	5,526.95
06/04/2024	SWEEP PURCHASE	4,262.93 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,262.93	4,262.93
06/06/2024	SWEEP PURCHASE	6,975.01 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,975.01	6,975.01
06/07/2024	SWEEP PURCHASE	7,602.82 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,602.82	7,602.82
06/17/2024	SWEEP PURCHASE	6,806.82 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,806.82	6,806.82
06/20/2024	SWEEP PURCHASE	290.62 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	290.62	290.62
06/21/2024	SWEEP PURCHASE	54.14 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	54.14	54.14
06/25/2024	SWEEP PURCHASE	71.04 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	71.04	71.04
<b>Total</b>			<b>3,881,466.28</b>	<b>3,946,107.04</b>



**5% Transactions - By Issue**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
03/06/2024	SALE SETTLEMENT	22,573.363 shares HARBOR FDS CORE BOND - RTR Trade 03/05/2024 Settle 03/05/2024 22,573.363 Units @ 8.86 Fed Long Term Loss: 39,956.91	200,451.46	200,000.00
03/07/2024	SALE SETTLEMENT	33,783.784 shares HARBOR FDS CORE BOND - RTR Trade 03/06/2024 Settle 03/06/2024 33,783.784 Units @ 8.88 Fed Long Term Loss: 59,124.72	300,000.00	300,000.00
03/21/2024	PURCHASE SETTLEMENT	34,013.605 shares HARBOR FDS CORE BOND - RTR Trade 03/20/2024 Settle 03/20/2024 34,013.605 Units @ 8.82	300,000.00	300,000.00
<b>Total HARBOR FDS</b>			<b>800,451.46</b>	<b>800,000.00</b>
<b>Total All Issues</b>			<b>4,681,917.74</b>	<b>4,746,107.04</b>



**5% Transactions - By Broker**  
**For the Period July 01, 2023 - June 30, 2024**

**SEIU LOCAL 4 HEALTH & WELFARE FUND**

<b>Date</b>	<b>Transaction</b>	<b>Description</b>	<b>EBT Cost</b>	<b>Market Value</b>
<b>SEIU LOCAL 4 HEALTH &amp; WELFARE FUND</b>				
03/31/2024	SALE	AFL-CIO CF SL BRD MKT	0.00	350,000.00
<b>Total</b>				<b>350,000.00</b>
<b>Total All Brokers</b>				<b>350,000.00</b>

Schedule H Line 4A - Schedule of Delinquent  
 Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute NonExempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-
	\$ 3,998			51
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 3,998	\$ -	

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>LOCAL NO 4 SEIU 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>TRUSTEES OF LOCAL NO 4 SEIU HEALTH AND WELFARE FUND</b>  <b>2229 S. HALSTED</b> <b>SUITE 122</b> <b>CHICAGO IL 60608</b>	<b>1c</b> Effective date of plan <b>05/01/1959</b>  <b>2b</b> Employer Identification Number (EIN) <b>36-2418276</b>  <b>2c</b> Plan Sponsor's telephone number <b>(773) 385-9300</b>  <b>2d</b> Business code (see instructions) <b>541990</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.

<b>SIGN HERE</b>	<u>Paige Kelly</u> <small>Paige Kelly, Director, Local No. 4 SEIU</small>	03/18/2025	Paige Kelly
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>Steven Turofsky</u> <small>Steven Turofsky, Director, Local No. 4 SEIU</small>	03/24/2025	Steven Turofsky
	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

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

Form 5500 (2023)  
v. 230728

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3,149
<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>6a(1)</b>	3,149
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	3,095
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	3,095
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<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>	195

**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 4L**

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

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