

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: METROPOLITAN CHICAGO HEALTHCARE COUNCIL EMPLOYEE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan): ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
2b Employer Identification Number (EIN): 36-3031209
2c Plan Sponsor's telephone number: 630-276-5400
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan METROPOLITAN CHICAGO HEALTHCARE COUNCIL EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ILLINOIS HEALTH AND HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 36-3031209	

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

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

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

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

US BANK

136 S. WASHINGTON
NAPERVILLE, IL 60566

(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?
18	CUSTODIAN	5000	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)

(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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>METROPOLITAN CHICAGO HEALTHCARE COUNCIL EMPLOYEE BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ILLINOIS HEALTH AND HOSPITAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>36-3031209</u>

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

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan METROPOLITAN CHICAGO HEALTHCARE COUNCIL EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 ILLINOIS HEALTH AND HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 36-3031209

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1322165
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1265888	1322165
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	108477	66200
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	108477	66200
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1157411	1255965

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	61277	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61277
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		61277

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	5000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-42277	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		-37277
j Total expenses. Add all expense amounts in column (b) and enter total	2j		-37277

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		98554
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Financial Report
with Additional Information
December 31, 2013**

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

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Independent Auditor's Report

To the Board of Trustees
Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust

We have audited the accompanying financial statements of Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust (the "Trust"), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Trustees
Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust

Opinion

In our opinion, the financial statements referred to above, of Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust, present fairly, in all material respects, the financial status of the Trust as of December 31, 2013 and 2012, and the changes in financial status for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note I, the financial statements have been restated. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of of year as of December 31, 2013 and schedule of reportable transactions for the year ended December 31, 2013 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Trust's 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Elgin, Illinois
March 24, 2016

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Statements of Benefit Obligations and Net Assets Available for Benefits

	December 31, 2013	December 31, 2012
Benefit Obligations - Claims payable and claims incurred but not reported	\$ 14,195,851	\$ 9,482,677
Assets		
Investments (Note 2)	212,293	144,859
Accrued interest income	340	2,195
Health benefits receivable	8,345,126	6,726,106
Cash	1,441,104	2,306,614
Property and equipment - Net (Note 4)	2,354	10,449
Total assets	<u>10,001,217</u>	<u>9,190,223</u>
Liabilities		
Accounts payable - Due to affiliate (Note 5)	387,378	414,531
Other accrued liabilities	767,997	789,041
Deferred contributions (Note 6)	-	2,129,452
Total liabilities	<u>1,155,375</u>	<u>3,333,024</u>
Net Assets Available for Benefits	<u>8,845,842</u>	<u>5,857,199</u>
Excess of Benefit Obligations Over Net Assets Available for Benefits	<u>\$ 5,350,009</u>	<u>\$ 3,625,478</u>

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Statement of Changes in Benefit Obligations and Net Assets Available for Benefits Year Ended December 31, 2013

Increase in Benefit Obligations - Change in claims payable and claims incurred but not reported	\$ 4,713,174
Net Increase in Net Assets Available for Benefits	
Additions:	
Health benefit contributions from employers participating in the trust	333,407,999
Investment income	13,949
Other income	132,583
Total additions	<u>333,554,531</u>
Deductions:	
Health benefits	329,293,851
Administrative expenses	1,272,037
Total deductions	<u>330,565,888</u>
Net Increase	<u>2,988,643</u>
Increase in Excess of Benefit Obligations Over Net Assets Available For Benefits	1,724,531
Excess of Benefit Obligations Over Net Assets Available for Benefits	
Beginning of year	<u>3,625,478</u>
End of year	<u><u>\$ 5,350,009</u></u>

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note I - Nature of Business and Significant Accounting Policies

The following description of the Trust provides only general information. Participants should refer to the trust agreement for a more complete description of the Trust's provisions.

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust (herein referred to as the "Trust") was established to offer health and welfare benefit programs to participating hospital members of the Metropolitan Chicago Healthcare Council (the "Council"). The Trust and all hospital plans participating in the Trust are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Trust offers employee health and welfare programs, which may be utilized by participating hospitals as follows:

- **Blue Cross/Blue Shield of Illinois** - Health and dental benefits for enrolled employees and dependents under a restricted provider organization (RPO) agreement and on a claim cost basis, respectively
- **Humana Insurance Company (Humana)** - Health and welfare program for enrolled employees and dependents under self-funding agreement and actual claim cost basis

In addition to the benefits provided by the Blue Cross/Blue Shield RPO health program, participating hospital employers may elect stop-loss coverage, for which the cost is included in health benefit payments. Stop-loss premiums are determined based on projected claims times specified rating factors. The aggregate stop-loss coverage limits each individual hospital's claim liability to 115 percent to 150 percent of its projected claims for the year. Individual stop-loss coverage limits are \$40,000 to \$300,000 depending upon the level of coverage selected. Hospitals may elect a combination of aggregate and individual stop-loss coverage.

There were 41 and 44 participating hospitals in the health and dental benefits program as of December 31, 2013 and 2012, respectively.

Effective January 1, 2014, Blue Cross/Blue Shield of Illinois made the decision to no longer offer its products in the Trust.

Eligibility - All members of Metropolitan Chicago Healthcare Council that are in good standing with the Council are eligible to participate in the Trust.

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note I - Nature of Business and Significant Accounting Policies (Continued)

Termination - Although it has not taken steps to do so, the Council has the right under the Trust to amend and terminate the trust upon 90 days' written notice to the participating hospitals and Trustees subject to the provisions set forth in ERISA. In the event of termination, any remaining assets of the Trust shall be applied first to provide benefits to participants with respect to claims arising prior to the date of termination; second, to all administrative expenses and fees that are necessary to administer or terminate the Trust; and third to participating hospitals.

Restatement - The presentation of the financial statements and disclosures was restated to reflect ASC 965, *Plan Accounting: Health and Welfare Benefit Plans*.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Health Benefits Receivable - Health benefits receivable are stated at invoice amounts. An allowance for doubtful accounts is established based on a specific assessment of all invoices that remain unpaid following normal customer payment periods. All amounts deemed to be uncollectible are charged against the allowance for doubtful accounts in the period that determination is made. The allowance for doubtful accounts was approximately \$140,000 and \$342,000 as of December 31, 2013 and 2012, respectively.

Investments - The Trust's investments are stated at fair value. Investments consist of money market funds and are valued at quoted market prices. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is recorded on the accrual basis and is reported in the statement of changes in benefit obligations and net assets available for benefits.

Concentrations - The Trust maintains its cash in accounts at a federally insured bank in Illinois. At times, the balances in these accounts may be in excess of federally insured limits. Historically, the Trust has not experienced any losses in such accounts.

Property and Equipment - Property and equipment are recorded at cost and depreciated over estimated useful lives using the straight-line method. Costs of repairs and maintenance are charged to expense as incurred.

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Claims Incurred But Not Reported - The Trust's liability for incurred but unreported claims is estimated using payments made subsequent to year end in conjunction with historical trend information. Claims can be submitted for payment up to 12 months following the date of service.

Health Benefits Paid - Health benefits are recorded when paid.

Tax Status - The trust established to hold the Trust's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the "Code") and, accordingly, the Trust's net investment income is generally exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and management believes that the Trust continues to qualify and to operate in accordance with applicable provisions of the Code.

Health Benefit Contributions - Contributions from employers participating in the Trust represent billings to participating hospitals for monthly estimated health benefit payments based on each hospital's average health benefit claims or premium experience for the most recent available quarter, retroactive settlements based on actual health benefit claims or premiums, and settlements for the dental program. Quarterly reconciliation payments are made to adjust estimated billings to actual claims paid. The Trust also bills some hospitals on the actual claims paid by the Trust.

Deferred contributions include contributions received in advance for benefit coverage in future periods and are reported as a current liability.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including March 24, 2016, which is the date the financial statements were available to be issued.

Note 2 - Investments

Investments consist of the following at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Fidelity Money Market Pt CII	\$ 212,293	\$ 144,859

Investment income for the year ended December 31, 2013 is comprised of the following:

	<u>2013</u>
Interest and dividends	\$ 13,949

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note 2 - Investments (Continued)

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

Note 3 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Trust's assets measured at fair value on a recurring basis at December 31, 2013 and 2012 and the valuation techniques used by the Trust to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Trust has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

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

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note 3 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2013
Short-term investments	\$ 212,293	\$ -	\$ -	\$ 212,293

Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2012
Short-term investments	\$ 144,859	\$ -	\$ -	\$ 144,859

Note 4 - Property and Equipment

The cost of property and equipment is summarized as follows:

	2013	2012	Depreciable Life - Years
Computer equipment and software	\$ 335,009	\$ 335,009	3-5
Less accumulated depreciation	(332,655)	(324,560)	
Net carrying amount	\$ 2,354	\$ 10,449	

Depreciation expense was \$8,095 for 2013 and is included in administrative expenses.

Note 5 - Related Party Transactions

Metropolitan Chicago Healthcare Council (the "Council") is an affiliated entity that administers the Trust, for which the Council charges the Trust a fee. Fees in the amount of \$1,387,876 in 2013 are reflected as administrative expenses in the accompanying financial statements. In addition, included in administrative expenses are fees paid to the Council of \$759,579 in 2013 for the management of certain health plan services. The Trust owed the Council \$387,378 and \$414,531 at December 31, 2013 and 2012, respectively, which is reported as due to affiliate in the accompanying statement of benefit obligations and net assets available for benefits.

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note 6 - Contributions and Excess Health and Dental Prefunding

Hospitals participating in the Blue Cross/Blue Shield RPO and Humana self-funding agreements agree to make monthly estimated health benefit payments (prefunding) based on each hospital's average benefit claims or premium experience for the most recent available quarter. In addition, the hospitals agree to make quarterly retroactive settlements based on actual health benefit claims or premiums, which can result in additional amounts due from hospitals or a return of amounts in their excess health prefunding account. Settlements for the dental program are determined on an annual basis. The Trust billed participants one month in advance in 2012, and the amount that was collected as of December 31, 2012 is recorded as deferred contributions in the statement of benefit obligations and net assets available for benefits.

Note 7 - Provider Fees and Discounts

Pursuant to the RPO and self-funding agreements, participating hospitals and the Trust receive a discount from established charges for employees utilizing the inpatient facilities of participating hospitals. Participating hospitals are assessed an administrative services only (ASO) fee by the Trust to compensate the Trust for administrative services provided. RPO and self-funding fees amounted to \$17,829,953 for the year ended December 31, 2013 and are reported net of discounts returned to participating hospitals and a third-party administrator fee for Blue Cross/Blue Shield of Illinois and Humana Insurance Company, which amounted to \$16,525,066 in 2013. The Trust recognized RPO and self-funding fees and discounts for the net amounts of the RPO and self-funding fees and discounts earned over the amounts refunded to hospitals or paid to Blue Cross/Blue Shield of Illinois and Humana Insurance Company. This amount, \$1,304,887, is reflected as a reduction in administrative fees.

Note 8 - Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	\$ 8,845,842	\$ 5,857,199
Claims payable and claims incurred but not reported	<u>(14,195,851)</u>	<u>(9,482,677)</u>
Net assets available for benefits per Form 5500	<u>\$ (5,350,009)</u>	<u>\$ (3,625,478)</u>

Metropolitan Chicago Healthcare Council Employee Benefit Plan Trust

Notes to Financial Statements December 31, 2013 and 2012

Note 8 - Reconciliation of Financial Statement to Form 5500 (Continued)

The following is a reconciliation of claims per financial statements for the year ended December 31, 2013:

Health benefits paid per the financial statements	\$ 329,293,851
Plus amounts currently payable and claims incurred but not reported - 2013	14,195,851
Less amounts currently payable and claims incurred but not reported - 2012	<u>(9,482,677)</u>
Claims paid per Form 5500	<u>\$ 334,007,025</u>

Additional Information

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 36-3031209, Plan No. 501
December 31, 2013**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
US Bank	Fidelity Money Market PT C I I	\$ 212,293	\$ 212,293

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets:						
US Bank	Fidelity Money Market PT CI I	\$ -	\$ 263,388	\$ 263,388	\$ 263,388	\$ -
US Bank	Fidelity Money Market PT CI I	-	423,349	423,349	423,349	-
US Bank	Fidelity Money Market PT CI I	-	688,012	688,012	688,012	-
US Bank	Fidelity Money Market PT CI I	-	6,783,802	6,783,802	6,783,802	-
US Bank	Fidelity Money Market PT CI I	-	1,261,275	1,261,275	1,261,275	-
US Bank	Fidelity Money Market PT CI I	-	550,621	550,621	550,621	-
US Bank	Fidelity Money Market PT CI I	-	236,163	236,163	236,163	-
US Bank	Fidelity Money Market PT CI I	-	20,660,922	20,660,922	20,660,922	-
US Bank	Fidelity Money Market PT CI I	-	532,063	532,063	532,063	-
US Bank	Fidelity Money Market PT CI I	-	18,825,621	18,825,621	18,825,621	-
US Bank	Fidelity Money Market PT CI I	-	1,230,086	1,230,086	1,230,086	-
US Bank	Fidelity Money Market PT CI I	-	539,426	539,426	539,426	-
US Bank	Fidelity Money Market PT CI I	-	21,837,146	21,837,146	21,837,146	-
US Bank	Fidelity Money Market PT CI I	-	339,615	339,615	339,615	-
US Bank	Fidelity Money Market PT CI I	-	592,776	592,776	592,776	-
US Bank	Fidelity Money Market PT CI I	-	324,151	324,151	324,151	-
US Bank	Fidelity Money Market PT CI I	-	21,770,290	21,770,290	21,770,290	-
US Bank	Fidelity Money Market PT CI I	-	433,919	433,919	433,919	-
US Bank	Fidelity Money Market PT CI I	-	425,053	425,053	425,053	-
US Bank	Fidelity Money Market PT CI I	-	24,725,949	24,725,949	24,725,949	-
US Bank	Fidelity Money Market PT CI I	-	504,876	504,876	504,876	-
US Bank	Fidelity Money Market PT CI I	-	1,031,558	1,031,558	1,031,558	-
US Bank	Fidelity Money Market PT CI I	-	1,518,323	1,518,323	1,518,323	-
US Bank	Fidelity Money Market PT CI I	-	19,670,535	19,670,535	19,670,535	-
US Bank	Fidelity Money Market PT CI I	-	982,648	982,648	982,648	-
US Bank	Fidelity Money Market PT CI I	-	1,110,790	1,110,790	1,110,790	-
US Bank	Fidelity Money Market PT CI I	-	20,677,858	20,677,858	20,677,858	-
US Bank	Fidelity Money Market PT CI I	-	617,938	617,938	617,938	-
US Bank	Fidelity Money Market PT CI I	-	903,461	903,461	903,461	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT Cl I	-	655,579	655,579	655,579	-
US Bank	Fidelity Money Market PT Cl I	-	23,949,796	23,949,796	23,949,796	-
US Bank	Fidelity Money Market PT Cl I	\$ -	\$ 462,450	\$ 462,450	\$ 462,450	\$ -
US Bank	Fidelity Money Market PT Cl I	-	2,344,749	2,344,749	2,344,749	-
US Bank	Fidelity Money Market PT Cl I	-	531,146	531,146	531,146	-
US Bank	Fidelity Money Market PT Cl I	-	511,760	511,760	511,760	-
US Bank	Fidelity Money Market PT Cl I	-	513,080	513,080	513,080	-
US Bank	Fidelity Money Market PT Cl I	-	18,948,542	18,948,542	18,948,542	-
US Bank	Fidelity Money Market PT Cl I	-	550,730	550,730	550,730	-
US Bank	Fidelity Money Market PT Cl I	-	557,553	557,553	557,553	-
US Bank	Fidelity Money Market PT Cl I	-	21,431,468	21,431,468	21,431,468	-
US Bank	Fidelity Money Market PT Cl I	-	486,745	486,745	486,745	-
US Bank	Fidelity Money Market PT Cl I	-	2,058,320	2,058,320	2,058,320	-
US Bank	Fidelity Money Market PT Cl I	-	24,578,791	24,578,791	24,578,791	-
US Bank	First American Prime Obligation Fd. Cl. Z	-	487,513	487,513	487,513	-
US Bank	First American Prime Obligation Fd. Cl. Z	-	14,395,628	14,395,628	14,395,628	-
US Bank	First American Prime Obligation Fd. Cl. Z	-	14,395,628	14,395,628	14,395,628	-
US Bank	Fidelity Money Market PT Cl I	592,761	-	592,761	592,761	-
US Bank	Fidelity Money Market PT Cl I	410,600	-	410,600	410,600	-
US Bank	Fidelity Money Market PT Cl I	2,645,811	-	2,645,811	2,645,811	-
US Bank	Fidelity Money Market PT Cl I	2,664,022	-	2,664,022	2,664,022	-
US Bank	Fidelity Money Market PT Cl I	1,383,669	-	1,383,669	1,383,669	-
US Bank	Fidelity Money Market PT Cl I	7,378,468	-	7,378,468	7,378,468	-
US Bank	Fidelity Money Market PT Cl I	526,042	-	526,042	526,042	-
US Bank	Fidelity Money Market PT Cl I	321,647	-	321,647	321,647	-
US Bank	Fidelity Money Market PT Cl I	3,045,157	-	3,045,157	3,045,157	-
US Bank	Fidelity Money Market PT Cl I	553,382	-	553,382	553,382	-
US Bank	Fidelity Money Market PT Cl I	373,370	-	373,370	373,370	-
US Bank	Fidelity Money Market PT Cl I	3,237,287	-	3,237,287	3,237,287	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT CI I	970,179	-	970,179	970,179	-
US Bank	Fidelity Money Market PT CI I	927,094	-	927,094	927,094	-
US Bank	Fidelity Money Market PT CI I	\$ 4,852,601	\$ -	\$ 4,852,601	\$ 4,852,601	\$ -
US Bank	Fidelity Money Market PT CI I	222,685	-	222,685	222,685	-
US Bank	Fidelity Money Market PT CI I	1,696,259	-	1,696,259	1,696,259	-
US Bank	Fidelity Money Market PT CI I	1,334,716	-	1,334,716	1,334,716	-
US Bank	Fidelity Money Market PT CI I	696,938	-	696,938	696,938	-
US Bank	Fidelity Money Market PT CI I	3,507,379	-	3,507,379	3,507,379	-
US Bank	Fidelity Money Market PT CI I	350,219	-	350,219	350,219	-
US Bank	Fidelity Money Market PT CI I	232,447	-	232,447	232,447	-
US Bank	Fidelity Money Market PT CI I	308,207	-	308,207	308,207	-
US Bank	Fidelity Money Market PT CI I	1,592,453	-	1,592,453	1,592,453	-
US Bank	Fidelity Money Market PT CI I	1,260,373	-	1,260,373	1,260,373	-
US Bank	Fidelity Money Market PT CI I	4,089,151	-	4,089,151	4,089,151	-
US Bank	Fidelity Money Market PT CI I	2,341,542	-	2,341,542	2,341,542	-
US Bank	Fidelity Money Market PT CI I	2,297,823	-	2,297,823	2,297,823	-
US Bank	Fidelity Money Market PT CI I	1,431,083	-	1,431,083	1,431,083	-
US Bank	Fidelity Money Market PT CI I	1,776,319	-	1,776,319	1,776,319	-
US Bank	Fidelity Money Market PT CI I	3,071,117	-	3,071,117	3,071,117	-
US Bank	Fidelity Money Market PT CI I	267,945	-	267,945	267,945	-
US Bank	Fidelity Money Market PT CI I	722,164	-	722,164	722,164	-
US Bank	Fidelity Money Market PT CI I	5,074,324	-	5,074,324	5,074,324	-
US Bank	Fidelity Money Market PT CI I	1,585,428	-	1,585,428	1,585,428	-
US Bank	Fidelity Money Market PT CI I	1,115,982	-	1,115,982	1,115,982	-
US Bank	Fidelity Money Market PT CI I	1,755,016	-	1,755,016	1,755,016	-
US Bank	Fidelity Money Market PT CI I	1,512,676	-	1,512,676	1,512,676	-
US Bank	Fidelity Money Market PT CI I	738,129	-	738,129	738,129	-
US Bank	Fidelity Money Market PT CI I	826,245	-	826,245	826,245	-
US Bank	Fidelity Money Market PT CI I	5,154,099	-	5,154,099	5,154,099	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT CI I	663,206	-	663,206	663,206	-
US Bank	Fidelity Money Market PT CI I	5,598,268	-	5,598,268	5,598,268	-
US Bank	Fidelity Money Market PT CI I	\$ 848,314	\$ -	\$ 848,314	\$ 848,314	\$ -
US Bank	Fidelity Money Market PT CI I	2,109,283	-	2,109,283	2,109,283	-
US Bank	Fidelity Money Market PT CI I	515,072	-	515,072	515,072	-
US Bank	Fidelity Money Market PT CI I	381,193	-	381,193	381,193	-
US Bank	Fidelity Money Market PT CI I	232,629	-	232,629	232,629	-
US Bank	Fidelity Money Market PT CI I	3,585,230	-	3,585,230	3,585,230	-
US Bank	Fidelity Money Market PT CI I	364,309	-	364,309	364,309	-
US Bank	Fidelity Money Market PT CI I	190,354	-	190,354	190,354	-
US Bank	Fidelity Money Market PT CI I	2,449,474	-	2,449,474	2,449,474	-
US Bank	Fidelity Money Market PT CI I	2,984,202	-	2,984,202	2,984,202	-
US Bank	Fidelity Money Market PT CI I	520,350	-	520,350	520,350	-
US Bank	Fidelity Money Market PT CI I	1,342,806	-	1,342,806	1,342,806	-
US Bank	Fidelity Money Market PT CI I	3,343,599	-	3,343,599	3,343,599	-
US Bank	Fidelity Money Market PT CI I	3,777,582	-	3,777,582	3,777,582	-
US Bank	Fidelity Money Market PT CI I	1,467,127	-	1,467,127	1,467,127	-
US Bank	Fidelity Money Market PT CI I	2,379,014	-	2,379,014	2,379,014	-
US Bank	Fidelity Money Market PT CI I	4,587,408	-	4,587,408	4,587,408	-
US Bank	Fidelity Money Market PT CI I	1,222,003	-	1,222,003	1,222,003	-
US Bank	Fidelity Money Market PT CI I	1,162,848	-	1,162,848	1,162,848	-
US Bank	Fidelity Money Market PT CI I	857,370	-	857,370	857,370	-
US Bank	Fidelity Money Market PT CI I	5,597,151	-	5,597,151	5,597,151	-
US Bank	Fidelity Money Market PT CI I	753,506	-	753,506	753,506	-
US Bank	Fidelity Money Market PT CI I	602,742	-	602,742	602,742	-
US Bank	Fidelity Money Market PT CI I	6,855,186	-	6,855,186	6,855,186	-
US Bank	Fidelity Money Market PT CI I	6,654,096	-	6,654,096	6,654,096	-
US Bank	Fidelity Money Market PT CI I	650,810	-	650,810	650,810	-
US Bank	Fidelity Money Market PT CI I	915,254	-	915,254	915,254	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT CI I	2,495,607	-	2,495,607	2,495,607	-
US Bank	Fidelity Money Market PT CI I	529,029	-	529,029	529,029	-
US Bank	Fidelity Money Market PT CI I	\$ 281,979	\$ -	\$ 281,979	\$ 281,979	\$ -
US Bank	Fidelity Money Market PT CI I	1,658,593	-	1,658,593	1,658,593	-
US Bank	Fidelity Money Market PT CI I	637,213	-	637,213	637,213	-
US Bank	Fidelity Money Market PT CI I	925,356	-	925,356	925,356	-
US Bank	Fidelity Money Market PT CI I	4,944,962	-	4,944,962	4,944,962	-
US Bank	Fidelity Money Market PT CI I	1,220,233	-	1,220,233	1,220,233	-
US Bank	Fidelity Money Market PT CI I	1,202,491	-	1,202,491	1,202,491	-
US Bank	Fidelity Money Market PT CI I	1,050,889	-	1,050,889	1,050,889	-
US Bank	Fidelity Money Market PT CI I	1,854,039	-	1,854,039	1,854,039	-
US Bank	Fidelity Money Market PT CI I	546,552	-	546,552	546,552	-
US Bank	Fidelity Money Market PT CI I	4,052,567	-	4,052,567	4,052,567	-
US Bank	Fidelity Money Market PT CI I	2,857,839	-	2,857,839	2,857,839	-
US Bank	Fidelity Money Market PT CI I	697,239	-	697,239	697,239	-
US Bank	Fidelity Money Market PT CI I	468,473	-	468,473	468,473	-
US Bank	Fidelity Money Market PT CI I	369,476	-	369,476	369,476	-
US Bank	Fidelity Money Market PT CI I	972,819	-	972,819	972,819	-
US Bank	Fidelity Money Market PT CI I	291,212	-	291,212	291,212	-
US Bank	Fidelity Money Market PT CI I	4,281,893	-	4,281,893	4,281,893	-
US Bank	Fidelity Money Market PT CI I	1,453,649	-	1,453,649	1,453,649	-
US Bank	Fidelity Money Market PT CI I	3,709,247	-	3,709,247	3,709,247	-
US Bank	Fidelity Money Market PT CI I	731,346	-	731,346	731,346	-
US Bank	Fidelity Money Market PT CI I	5,657,373	-	5,657,373	5,657,373	-
US Bank	Fidelity Money Market PT CI I	1,714,391	-	1,714,391	1,714,391	-
US Bank	Fidelity Money Market PT CI I	2,513,644	-	2,513,644	2,513,644	-
US Bank	Fidelity Money Market PT CI I	321,776	-	321,776	321,776	-
US Bank	Fidelity Money Market PT CI I	2,773,200	-	2,773,200	2,773,200	-
US Bank	Fidelity Money Market PT CI I	1,380,031	-	1,380,031	1,380,031	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT CI I	1,567,688	-	1,567,688	1,567,688	-
US Bank	Fidelity Money Market PT CI I	577,441	-	577,441	577,441	-
US Bank	Fidelity Money Market PT CI I	\$ 1,007,912	\$ -	\$ 1,007,912	\$ 1,007,912	\$ -
US Bank	Fidelity Money Market PT CI I	5,325,375	-	5,325,375	5,325,375	-
US Bank	Fidelity Money Market PT CI I	1,259,199	-	1,259,199	1,259,199	-
US Bank	Fidelity Money Market PT CI I	4,167,139	-	4,167,139	4,167,139	-
US Bank	Fidelity Money Market PT CI I	240,481	-	240,481	240,481	-
US Bank	Fidelity Money Market PT CI I	582,235	-	582,235	582,235	-
US Bank	Fidelity Money Market PT CI I	184,453	-	184,453	184,453	-
US Bank	Fidelity Money Market PT CI I	1,104,876	-	1,104,876	1,104,876	-
US Bank	Fidelity Money Market PT CI I	580,034	-	580,034	580,034	-
US Bank	Fidelity Money Market PT CI I	173,416	-	173,416	173,416	-
US Bank	Fidelity Money Market PT CI I	2,941,884	-	2,941,884	2,941,884	-
US Bank	Fidelity Money Market PT CI I	280,887	-	280,887	280,887	-
US Bank	Fidelity Money Market PT CI I	1,807,836	-	1,807,836	1,807,836	-
US Bank	Fidelity Money Market PT CI I	1,874,608	-	1,874,608	1,874,608	-
US Bank	Fidelity Money Market PT CI I	406,348	-	406,348	406,348	-
US Bank	Fidelity Money Market PT CI I	1,835,993	-	1,835,993	1,835,993	-
US Bank	Fidelity Money Market PT CI I	7,447,749	-	7,447,749	7,447,749	-
US Bank	Fidelity Money Market PT CI I	610,640	-	610,640	610,640	-
US Bank	Fidelity Money Market PT CI I	4,359,761	-	4,359,761	4,359,761	-
US Bank	Fidelity Money Market PT CI I	1,330,317	-	1,330,317	1,330,317	-
US Bank	Fidelity Money Market PT CI I	3,327,450	-	3,327,450	3,327,450	-
US Bank	Fidelity Money Market PT CI I	1,806,423	-	1,806,423	1,806,423	-
US Bank	Fidelity Money Market PT CI I	460,731	-	460,731	460,731	-
US Bank	Fidelity Money Market PT CI I	884,734	-	884,734	884,734	-
US Bank	Fidelity Money Market PT CI I	419,227	-	419,227	419,227	-
US Bank	Fidelity Money Market PT CI I	2,151,461	-	2,151,461	2,151,461	-
US Bank	Fidelity Money Market PT CI I	245,442	-	245,442	245,442	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of Trust net assets (Continued):						
US Bank	Fidelity Money Market PT CI I	1,062,415	-	1,062,415	1,062,415	-
US Bank	Fidelity Money Market PT CI I	4,485,704	-	4,485,704	4,485,704	-
US Bank	Fidelity Money Market PT CI I	\$ 761,462	\$ -	\$ 761,462	\$ 761,462	\$ -
US Bank	Fidelity Money Market PT CI I	6,040,999	-	6,040,999	6,040,999	-
US Bank	Fidelity Money Market PT CI I	4,517,706	-	4,517,706	4,517,706	-
US Bank	Fidelity Money Market PT CI I	376,672	-	376,672	376,672	-
US Bank	Fidelity Money Market PT CI I	1,296,873	-	1,296,873	1,296,873	-
US Bank	Fidelity Money Market PT CI I	1,370,566	-	1,370,566	1,370,566	-
US Bank	Fidelity Money Market PT CI I	5,549,883	-	5,549,883	5,549,883	-
US Bank	Fidelity Money Market PT CI I	417,001	-	417,001	417,001	-
US Bank	Fidelity Money Market PT CI I	683,846	-	683,846	683,846	-
US Bank	Fidelity Money Market PT CI I	495,147	-	495,147	495,147	-
US Bank	First American Prime Obligation Fd. CI. Z	14,395,628	-	14,395,628	14,395,628	-
US Bank	First American Prime Obligation Fd. CI. Z	3,492,136	-	3,492,136	3,492,136	-
US Bank	First American Prime Obligation Fd. CI. Z	1,528,417	-	1,528,417	1,528,417	-
US Bank	First American Prime Obligation Fd. CI. Z	1,101,024	-	1,101,024	1,101,024	-
US Bank	First American Prime Obligation Fd. CI. Z	788,165	-	788,165	788,165	-
US Bank	First American Prime Obligation Fd. CI. Z	408,400	-	408,400	408,400	-
US Bank	First American Prime Obligation Fd. CI. Z	407,100	-	407,100	407,100	-
US Bank	First American Prime Obligation Fd. CI. Z	225,733	-	225,733	225,733	-
US Bank	First American Prime Obligation Fd. CI. Z	5,321,184	-	5,321,184	5,321,184	-
US Bank	First American Prime Obligation Fd. CI. Z	280,384	-	280,384	280,384	-
US Bank	First American Prime Obligation Fd. CI. Z	693,809	-	693,809	693,809	-
US Bank	First American Prime Obligation Fd. CI. Z	535,873	-	535,873	535,873	-

**Metropolitan Chicago Healthcare Council
Employee Benefit Plan Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 36-3031209, Plan No. 501
Year Ended December 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of Trust net assets:						
US Bank	Fidelity Money Market PT Cl I: Purchases - 178 Sales - 51	\$ 267,321,715 -	\$ - 267,254,281	\$ 267,321,715 267,254,281	\$ 267,321,715 267,254,281	\$ - -
US Bank	First American Prime Obligation Fd. Cl. Z: Purchases - 13 Sales - 3	29,278,768 -	- 29,278,768	29,278,768 29,278,768	29,278,768 29,278,768	- -

There were no Category (ii) or (iv) reportable transactions during the year.

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0402 -11-03078-01



Account Number: 001050973279
METROPOLITAN CHICAGO HEALTHCARE
COUNCIL EMPLOYEE BENEFIT PLAN
TRUST CONSOLIDATED ACCOUNT

This statement is for the period from January 1, 2024 to December 31, 2024

Questions?

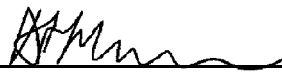
If you have any questions regarding your account or this statement, please contact your Account Manager.

Account Manager:
ANTHONY LOSINIECKI
136 S. WASHINGTON
NAPERVILLE, IL 60566
Phone: 414-516-1795
E-mail: ANTHONY.LOSINIECKI@USBANK.COM



000000492 04 SP 000638885676043 P
METROPOLITAN CHICAGO HEALTHCARE
ATTN: JAE YOON
1151 E WARRENVILLE ROAD
PO BOX 3015
NAPERVILLE IL 60566-7015

U.S. Bank National Association hereby certifies that the attached statement, furnished pursuant to 29 CFR 2520.103-5(c), is complete and accurate. However, assets marked with *** are excluded from that certification.

By: 
Authorized Signature

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
ACCOUNT 001050973279

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Period from January 1, 2024 to December 31, 2024

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
ACCOUNT 001050973279

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Period from January 1, 2024 to December 31, 2024

CONSOLIDATED ACCOUNT LISTING

ACCOUNT	ACCOUNT NAME	12/31/2024 MARKET	12/31/2024 BOOK VALUE	% OF MARKET
001050973271	MCHC-EMPLOYEE BENEFIT PLAN TRUST	1,322,166.47	1,322,166.47	100.00
Total		1,322,166.47	1,322,166.47	100.00

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
ACCOUNT 001050973279

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Period from January 1, 2024 to December 31, 2024

MARKET AND COST RECONCILIATION

	12/31/2024 MARKET	12/31/2024 BOOK VALUE
Beginning Market And Cost	1,265,889.24	1,265,889.24
Investment Activity		
Interest	61,939.89	61,939.89
Net Accrued Income (Current-Prior)	- 662.66	- 662.66
Total Investment Activity	61,277.23	61,277.23
Plan Expenses		
Trust Fees	- 5,000.00	- 5,000.00
Total Plan Expenses	- 5,000.00	- 5,000.00
Net Change In Market And Cost	56,277.23	56,277.23
Ending Market And Cost	1,322,166.47	1,322,166.47

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
ACCOUNT 001050973279

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Period from January 1, 2024 to December 31, 2024

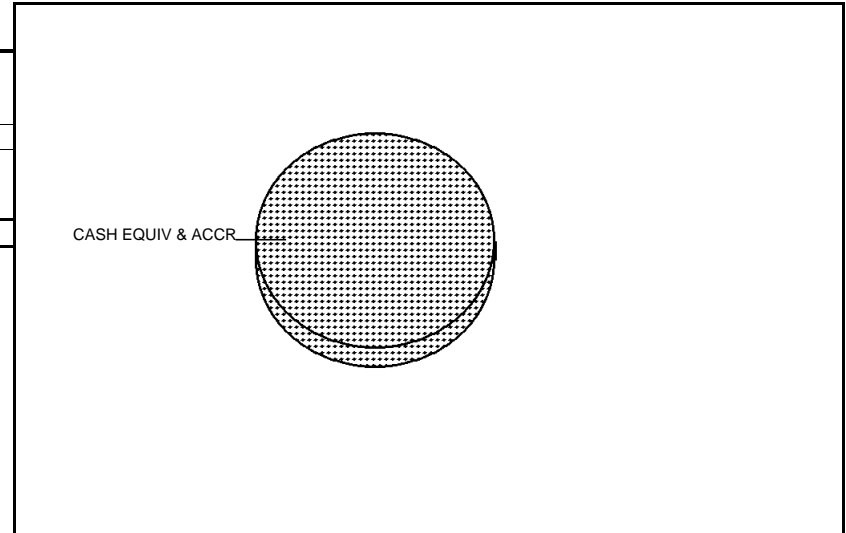
CASH RECONCILIATION

Beginning Cash	.00
Investment Activity	
Interest	61,939.89
Cash Equivalent Purchases	- 61,939.89
Cash Equivalent Sales	5,000.00
Total Investment Activity	5,000.00
Plan Expenses	
Trust Fees	- 5,000.00
Total Plan Expenses	- 5,000.00
Net Change In Cash	.00
Ending Cash	.00



ASSET SUMMARY

ASSETS	12/31/2024 MARKET	12/31/2024 BOOK VALUE	% OF MARKET
Cash And Equivalents	1,317,518.39	1,317,518.39	99.65
Total Assets	1,317,518.39	1,317,518.39	99.65
Accrued Income	4,648.08	4,648.08	0.35
Grand Total	1,322,166.47	1,322,166.47	100.00
Estimated Annual Income	52,700.73		



ASSET SUMMARY MESSAGES

Estimated Annual Income is an estimate provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. The estimates may not represent the actual value earned by your investments and they provide no guarantee of what your investments may earn in the future.



ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 001050973271	1,317,518.390	1,317,518.39 1.0000	1,317,518.39	.00 .00	4,648.08	4.00
Total Money Markets	1,317,518.390	1,317,518.39	1,317,518.39	.00 .00	4,648.08	4.00
Total Cash And Equivalents	1,317,518.390	1,317,518.39	1,317,518.39	.00 .00	4,648.08	4.00
Total Assets	1,317,518.390	1,317,518.39	1,317,518.39	.00 .00	4,648.08	4.00
Accrued Income	.000	4,648.08	4,648.08			
Grand Total	1,317,518.390	1,322,166.47	1,322,166.47			

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
ACCOUNT 001050973279

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Period from January 1, 2024 to December 31, 2024

ASSET DETAIL MESSAGES (continued)

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

Yield on Market and Accrued Income are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. The estimates may not represent the actual value earned by your investments and they provide no guarantee of what your investments may earn in the future.

The asset categories used in this statement may be general in nature. For example, assets listed under the "Mutual Funds" category may include open-end investment companies registered under the Investment Company Act of 1940 (which are commonly known as "mutual funds") but may also include closed-end investment companies, unit investment trusts, common trust funds, collective trust funds or other investments that are registered with (or not subject to registration with) the Securities and Exchange Commission.

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MCHC-EMPLOYEE BENEFIT PLAN TR CONS
 ACCOUNT 001050973279

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 Period from January 1, 2024 to December 31, 2024

INCOME ACCRUAL DETAIL

SHARES/ FACE AMOUNT	DESCRIPTION	EX DATE	PAY DATE	ANN RATE	BEGINNING ACCRUAL	INCOME EARNED	INCOME RECEIVED	ENDING ACCRUAL
Cash And Equivalents								
1,317,518.390	First Am Treas Ob Fd Cl Y 31846V807 ACCOUNT 001050973271		01/02/25	0.04	5,310.74	61,277.23	61,939.89	4,648.08
Total Cash And Equivalents					5,310.74	61,277.23	61,939.89	4,648.08
Grand Total					5,310.74	61,277.23	61,939.89	4,648.08

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INVESTMENT ACTIVITY

DATE	DESCRIPTION	CASH
Interest		
First Am Treas Ob Fd Cl Y		
31846V807		
01/02/2024	Interest From 12/1/23 To 12/31/23 ACCOUNT 001050973271	5,310.74
02/01/2024	Interest From 1/1/24 To 1/31/24 ACCOUNT 001050973271	5,309.16
03/01/2024	Interest From 2/1/24 To 2/29/24 ACCOUNT 001050973271	4,962.65
04/01/2024	Interest From 3/1/24 To 3/31/24 ACCOUNT 001050973271	5,312.02
05/01/2024	Interest From 4/1/24 To 4/30/24 ACCOUNT 001050973271	5,152.34
06/03/2024	Interest From 5/1/24 To 5/31/24 ACCOUNT 001050973271	5,344.03
07/01/2024	Interest From 6/1/24 To 6/30/24 ACCOUNT 001050973271	5,190.10
08/01/2024	Interest From 7/1/24 To 7/31/24 ACCOUNT 001050973271	5,377.58
09/03/2024	Interest From 8/1/24 To 8/31/24 ACCOUNT 001050973271	5,373.78
10/01/2024	Interest From 9/1/24 To 9/30/24 ACCOUNT 001050973271	5,043.65
11/01/2024	Interest From 10/1/24 To 10/31/24 ACCOUNT 001050973271	4,939.73
12/02/2024	Interest From 11/1/24 To 11/30/24 ACCOUNT 001050973271	4,624.11
Total First Am Treas Ob Fd Cl Y		61,939.89

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INVESTMENT ACTIVITY (continued)

DATE	DESCRIPTION	CASH
Total Interest		61,939.89

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PLAN EXPENSES

DATE	DESCRIPTION	CASH
Trust Fees		
Trust Fees		
01/26/2024	Collected Charged For Period 10/01/2023 Thru 12/31/2023 ACCOUNT 001050973271	- 1,250.00
04/25/2024	Collected Charged For Period 01/01/2024 Thru 03/31/2024 ACCOUNT 001050973271	- 1,250.00
07/25/2024	Collected Charged For Period 04/01/2024 Thru 06/30/2024 ACCOUNT 001050973271	- 1,250.00
10/25/2024	Collected Charged For Period 07/01/2024 Thru 09/30/2024 ACCOUNT 001050973271	- 1,250.00
Total Trust Fees		- 5,000.00
Total Trust Fees		- 5,000.00
Total Plan Expenses		- 5,000.00

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Period from January 1, 2024 to December 31, 2024

PURCHASES

DATE	DESCRIPTION	SHARES/ FACE AMOUNT	COMMISSION	CASH	BOOK VALUE
01/03/2024	Purchased 5,310.74 Units Of First Am Treas Ob Fd Cl Y Trade Date 1/3/24 31846V807 ACCOUNT 001050973271	5,310.740	.00	- 5,310.74	5,310.74
02/02/2024	Purchased 5,309.16 Units Of First Am Treas Ob Fd Cl Y Trade Date 2/2/24 31846V807 ACCOUNT 001050973271	5,309.160	.00	- 5,309.16	5,309.16
03/04/2024	Purchased 4,962.65 Units Of First Am Treas Ob Fd Cl Y Trade Date 3/4/24 31846V807 ACCOUNT 001050973271	4,962.650	.00	- 4,962.65	4,962.65
04/02/2024	Purchased 5,312.02 Units Of First Am Treas Ob Fd Cl Y Trade Date 4/2/24 31846V807 ACCOUNT 001050973271	5,312.020	.00	- 5,312.02	5,312.02
05/02/2024	Purchased 5,152.34 Units Of First Am Treas Ob Fd Cl Y Trade Date 5/2/24 31846V807 ACCOUNT 001050973271	5,152.340	.00	- 5,152.34	5,152.34
06/04/2024	Purchased 5,344.03 Units Of First Am Treas Ob Fd Cl Y Trade Date 6/4/24 31846V807 ACCOUNT 001050973271	5,344.030	.00	- 5,344.03	5,344.03

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PURCHASES (continued)

<u>DATE</u>	<u>DESCRIPTION</u>	<u>SHARES/ FACE AMOUNT</u>	<u>COMMISSION</u>	<u>CASH</u>	<u>BOOK VALUE</u>
07/02/2024	Purchased 5,190.1 Units Of First Am Treas Ob Fd Cl Y Trade Date 7/2/24 31846V807 ACCOUNT 001050973271	5,190.100	.00	- 5,190.10	5,190.10
08/02/2024	Purchased 5,377.58 Units Of First Am Treas Ob Fd Cl Y Trade Date 8/2/24 31846V807 ACCOUNT 001050973271	5,377.580	.00	- 5,377.58	5,377.58
09/04/2024	Purchased 5,373.78 Units Of First Am Treas Ob Fd Cl Y Trade Date 9/4/24 31846V807 ACCOUNT 001050973271	5,373.780	.00	- 5,373.78	5,373.78
10/02/2024	Purchased 5,043.65 Units Of First Am Treas Ob Fd Cl Y Trade Date 10/2/24 31846V807 ACCOUNT 001050973271	5,043.650	.00	- 5,043.65	5,043.65
11/04/2024	Purchased 4,939.73 Units Of First Am Treas Ob Fd Cl Y Trade Date 11/4/24 31846V807 ACCOUNT 001050973271	4,939.730	.00	- 4,939.73	4,939.73
12/03/2024	Purchased 4,624.11 Units Of First Am Treas Ob Fd Cl Y Trade Date 12/3/24 31846V807 ACCOUNT 001050973271	4,624.110	.00	- 4,624.11	4,624.11

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PURCHASES (continued)

<u>DATE</u>	<u>DESCRIPTION</u>	<u>SHARES/ FACE AMOUNT</u>	<u>COMMISSION</u>	<u>CASH</u>	<u>BOOK VALUE</u>
	Total First Am Treas Ob Fd Cl Y	61,939.890	.00	- 61,939.89	61,939.89
	Total Cash And Equivalent	61,939.890	.00	- 61,939.89	61,939.89
	Total Purchases	61,939.890	.00	- 61,939.89	61,939.89

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SALES AND MATURITIES

DATE	DESCRIPTION	SHARES/ FACE AMOUNT	COMMISSION	TRANSACTION PROCEEDS	BOOK VALUE	REALIZED GAIN/LOSS
Cash And Equivalents						
01/26/2024	Sold 1,250 Units Of First Am Treas Ob Fd Cl Y Trade Date 1/26/24 31846V807 ACCOUNT 001050973271	- 1,250.000	.00	1,250.00	- 1,250.00	.00
04/25/2024	Sold 1,250 Units Of First Am Treas Ob Fd Cl Y Trade Date 4/25/24 31846V807 ACCOUNT 001050973271	- 1,250.000	.00	1,250.00	- 1,250.00	.00
07/25/2024	Sold 1,250 Units Of First Am Treas Ob Fd Cl Y Trade Date 7/25/24 31846V807 ACCOUNT 001050973271	- 1,250.000	.00	1,250.00	- 1,250.00	.00
10/25/2024	Sold 1,250 Units Of First Am Treas Ob Fd Cl Y Trade Date 10/25/24 31846V807 ACCOUNT 001050973271	- 1,250.000	.00	1,250.00	- 1,250.00	.00
Total First Am Treas Ob Fd Cl Y		- 5,000.000	.00	5,000.00	- 5,000.00	.00
Total Cash And Equivalents		- 5,000.000	.00	5,000.00	- 5,000.00	.00
Total Sales And Maturities		- 5,000.000	.00	5,000.00	- 5,000.00	.00

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SALES AND MATURITIES MESSAGES

Realized gain/loss should not be used for tax purposes.



Glossary

Accretion - The accumulation of the value of a discounted bond until maturity.

Adjusted Prior Market Realized Gain/Loss - The difference between the proceeds and the Prior Market Value of the transaction.

Adjusted Prior Market Unrealized Gain/Loss - The difference between the Market Value and the Adjusted Prior Market Value.

Adjusted Prior Market Value - A figure calculated using the beginning Market Value for the fiscal year, adjusted for all asset related transactions during the period, employing an average cost methodology.

Amortization - The decrease in value of a premium bond until maturity.

Asset - Anything owned that has commercial exchange value. Assets may consist of specific property or of claims against others, in contrast to obligations due to others (liabilities).

Bond Rating - A measurement of a bond's quality based upon the issuer's financial condition. Ratings are assigned by independent rating services, such as Moody's, or S&P, and reflect their opinion of the issuer's ability to meet the scheduled interest and principal repayments for the bond.

Cash - Cash activity that includes both income and principal cash categories.

Change in Unrealized Gain/Loss - Also reported as Gain/Loss in Period in the Asset Detail section. This figure shows the market appreciation (depreciation) for the current period.

Cost Basis (Book Value) - The original price of an asset, normally the purchase price or appraised value at the time of acquisition. Book Value method maintains an average cost for each asset.

Cost Basis (Tax Basis) - The original price of an asset, normally the purchase price or appraised value at the time of acquisition. Tax Basis uses client determined methods such as Last-In-First-Out (LIFO), First-In-First-Out (FIFO), Average, Minimum Gain, and Maximum Gain.

Ending Accrual - (Also reported as Accrued Income) Income earned but not yet received, or expenses incurred but not yet paid, as of the end of the reporting period.

Estimated Annual Income - The amount of income a particular asset is anticipated to earn over the next year. The shares multiplied by annual income rate.

Estimated Current Yield - The annual rate of return on an investment expressed as a percentage. For stocks, yield is calculated by taking the annual dividend payments divided by the stock's current share price. For bonds, yield is calculated by the coupon rate divided by the bond's market price.

Ex-Dividend Date - (Also reported as Ex-Date) For stock trades, the person who owns the security on the ex-dividend date will earn the dividend, regardless of who currently owns the stock.

Income Cash - A category of cash comprised of ordinary earnings derived from investments, usually dividends and interest.

Market Value - The price per unit multiplied by the number of units.

Maturity Date - The date on which an obligation or note matures.

Payable Date - The date on which a dividend, mutual fund distribution, or interest on a bond will be made.

Principal Cash - A category of cash comprised of cash, deposits, cash withdrawals and the cash flows generated from purchases or sales of investments.

Realized Gain/Loss Calculation - The Proceeds less the Cost Basis of a transaction.

Settlement Date - The date on which a trade settles and cash or securities are credited or debited to the account.

Trade Date - The date a trade is legally entered into.

Unrealized Gain/Loss - The difference between the Market Value and Cost Basis at the end of the current period.

Yield on/at Market - The annual rate of return on an investment expressed as a percentage. For stocks, yield is calculated by the annual dividend payments divided by the stock's current share price. For bonds, yield is calculated by the coupon rate divided by the bond's market price.

The terms defined in this glossary are only for use when reviewing your account statement. Please contact your Relationship Manager with any questions.



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All participant agreements were terminated as of 12/31/2016 and benefit payments ceased in 2017, therefore there are no active participants as of December 31, 2024 and no audit is required. Plante & Moran, PLLC was the last auditor in record.

Also attached is the 2024 annual bank statement which provides supplemental information regarding assets held at the end of the year in addition to a schedule of reportable transactions.