

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 2024 This Form is Open to Public Inspection
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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 (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
1a	Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1949
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES P.O. BOX 842 NEW YORK, NY 10108
2b	Employer Identification Number (EIN) 13-1628401
2c	Plan Sponsor's telephone number 646-473-6656
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DONNA REY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 156501
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) 113428 6a(2) 116828 6b 43673 6c 6d 160501 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)	7 323

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

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

4A 4B 4D 4E 4F 4K 4L 4Q

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

a Pension Schedules

- (1)** ☐ **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 14
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260B44	156345	01/01/2024	12/31/2024

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

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

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

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

(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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	12157369	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		12157369
b Benefit charges (1) Claims paid	9b(1)	8197132	
(2) Increase (decrease) in claim reserves	9b(2)	922323	
(3) Incurred claims (add (1) and (2))	9b(3)		9119455
(4) Claims charged	9b(4)		9119455
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	91180	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	243147	
(F) Charges for risks or other contingencies	9c(1)(F)	-6263	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		328064
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		6233057
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	879936
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00281405	1736	12/01/2023	11/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1907	1960

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSUREDPARTNERS NORTHEAST
71 MONROE AVENUE SUITE A
PITTSFORD, NY 14534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1907	1960	BONUS COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	87812
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
EXCELLUS BLUE CROSS BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0329043	55107	00055064	1819	01/01/2024	12/31/2024

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

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

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

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

(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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	629127
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	629127
b Benefit charges (1) Claims paid	9b(1)	532567
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	532567
(4) Claims charged	9b(4)	532567
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	54520
(B) Administrative service or other fees	9c(1)(B)	128364
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	182884
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier

AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0475037	6294	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1337736
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E00067102244	13483	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	26314027
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier

AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E00067102290	33064	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	68871116
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier EMBLEM HEALTH
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5511997	55239	11243281001	211648	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	69568778
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier

MVP SELECT CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
14-1704347	95521	706000-001	2857	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	885130
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0115330	49002	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7345663
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
DENTAL SERVICE OF MASSACHUSETTS, INC. D/B/A DELTA DENTAL OF MA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-6143185	52060	014464	216	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 4761	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KD BENEFITS INSURANCE BROKERAGE INC 6 PARK LANE
MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4761			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	120817
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00030442	84	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4849	

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KD BENEFITS INS BROKERAGE INC
6 PARK LANE
MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4849			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	44167
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

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

(a) Name of insurance carrier ULLICO					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10551	1755	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 46234	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid JOHN NICOLAS 6 PARK LANE MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46234			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	577922
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier					
METROPOLITAN LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978		217	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1143	

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KD BENEFITS INS BROKERAGE INC
6 PARK LANE
MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1143			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11434
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	501
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	13-1628401	

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

(a) Name of insurance carrier

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1045815	53228	4958784	299	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
32605	

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

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

KD BENEFITS INS BROKERAGE INC 6 PARK LANE MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32605			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2562773
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401	

Part I	Service Provider Information (see instructions)
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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) 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)

AAE HOLDINGS, INC

82-2686977

(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	22500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCURATE ELECTRICAL CONTRACTORS COR

13-4147787

(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	14030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADOBE INC,

77-0019522

(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	72119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
99	NONE	114259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN R. VIANI

240 JUDSON AVE
DOBBS FERRY, NY 10522

(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	26400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLISON ROSENBERG

505 8TH AVENUE, SUITE 802
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	25300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(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?
99	NONE	665159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN COACH & LIMOUSINE, INC.

85-3920805

(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	5290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMTRUST NORTH AMERICA, INC

34-1965476

(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?
23	NONE	24222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANNE J. FILLORAMO

140 EAST 2ND ST APT 20
BROOKLYN, NY 11218

(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	25435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APCON INC.

93-1166552

(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?
65	NONE	28803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APPCAST, INC.

47-0992200

(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	19780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

APPLIED BUSINESS SOFTWARE INC

33-0359620

(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	22890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHIVE SYSTEMS, INC.

22-3094842

(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	154918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUBURN IT RESOURCES, INC.

82-4462048

(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?
61	NONE	859580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AUNT BERTHA, A PUBLIC BENEFIT CORPO

27-3354421

(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	26130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING, INC.

22-1467904

(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	560592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AVI-SPL LLC

59-1958935

(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	110189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARCLAY DAMON, LLC

15-0339022

(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	18365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAYARD ADVERTISING AGENCY, INC

13-3055907

(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?
61	NONE	22329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BCA WATSON RICE LLP

26-1726741

(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	NONE	221375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BELINDA GALLEGOS

45 KINLOCH AVE
TROY, NY 12180

(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	64964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENCOM LLC.

20-2135022

(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	64600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT FUND STAFF ASSOCIATION

13-3553017

(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	55627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BERKELEY EDUCATIONAL SERVICES OF NE

13-2819603

(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	5250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEYONDTRUST CORPORATION

20-4000074

(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	10950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BT FLOORING SOLUTIONS, LLC

47-5403925

(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	10859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

B&H FOTO & ELECTRONICS CORP

13-2768071

(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	26718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BCHR US ACQUISITIONS, INC

83-1116912

(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	124000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEN SCHNEIDMAN

49 CHATHAM ROAD
HEWLETT, NY 11554

(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	15074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BIFF DUNCAN ASSOCIATES, INC

36-4465318

(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	482094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRUCE C. VLADECK

360 WEST 36TH STREET, APT 8S
NEW YORK, NY 10015

(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	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C2C INNOVATIVE SOLUTIONS, INC.

47-3641754

(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?
99	NONE	50258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAROL E. RITCHIE

1215A VALLEY RD
WAYNE, NJ 07470

(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	9628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARON & BLETZER, PLLC

04-3499945

(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	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CERIS, INC

87-2289736

(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	106979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHANGE HEALTHCARE LLC

81-3611560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	572203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE OPERATIONS, LLC

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	498286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CISCO SYSTEMS CAPITAL CORPORATION

77-0440621

(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	5470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CACTUS SOFTWARE LLC

48-1035673

(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?
65	NONE	72082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALL ONE, INC.

59-2866791

(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	15328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMINO PUBLIC RELATIONS

26-3480991

(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	143008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CARCO GROUP INC.

11-2504343

(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?
61	NONE	46541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLOW UNIVERSITY

25-0965438

(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	9414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CB RICHARD ELLIS, INC.

95-2743174

(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	50125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CDW DIRECT, LLC

36-4530079

(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	29369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTER FOR INTERNET SECURITY, INC.

52-2278213

(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	11214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CEQUEL DATA CENTERS, LP

27-2877647

(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	314041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARTER COMMUNICATIONS HOLDINGS, LL

43-1843179

(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	8302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHIA JUNG CHANG

167 FREEDOM AVE
STATEN ISLAND, NY 10314

(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	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINTAS CORPORATION NO 2

31-1703809

(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	11857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CIRCULAR EDGE, LLC

20-0261745

(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	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEAN SWIFT JANITORIAL SERVICE INC.

01-0756530

(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	81280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGNIZANT TRIZETTO SOFTWARE GROUP,

33-0761159

(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	827357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMCAST

23-2084784

(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	7088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCIAL BUSINESS SERVICE, LLC

36-4574941

(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	40357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPUTER DESIGN & INTEGRATION, LLC

13-3823827

(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	3398510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMPUTER FINANCIAL CONSULTANTS, INC

06-1594796

(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	94048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COTIVITI, INC.

56-2059380

(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	818307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COUNCIL FOR AFFORDABLE QUALITY HEAL

91-1930832

(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	29578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CVS PHARMACY, INC

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	2132092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSOLIDATED EDISON COMPANY OF N.Y.

13-5009340

(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	220504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CQFLUENCY

32-0102982

(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	6075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CROWN CASTLE INTERNATIONAL CORP.

76-0470458

(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	280489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNY SCHOOL OF PROFESSIONAL STUDIES

13-3893536

(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	5532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALLAS BBQ

20-1745964

(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	12869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DAVIS VISION, INC

11-3051991

(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	11380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELINEA INC.

33-1089124

(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	24726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL FINANCIAL SERVICES, LLC

74-2825828

(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	428332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELL MARKETING LP

74-2616805

(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	105492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELPHIX CORP

26-2255969

(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	503726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELUXE DELIVERY SYSTEMS, INC

13-3460676

(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	263825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DHU REALTY CORPORATION

13-3687074

(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?
99	NONE	284679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGICERT INC.

41-2089542

(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	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DROPBOX, INC.

26-0138832

(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	65802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DINESH SETHI PHYSICIAN PC.

20-2964120

(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	20281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAN CONSULTING, LLC

82-4487270

(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	27450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPIRE OFFICE, INC.

13-1945763

(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	25762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPRO INSURANCE COMPANY

13-1203170

(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?
23	NONE	8226	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENTERPRISE FM TRUST

26-6047810

(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?
99	NONE	208688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ESKILL CORPORATION

20-1454449

(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	6500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EXPERIAN MARKETING SOLUTIONS, LLC

81-4578737

(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	24814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EYE ON YOU

06-1625087

(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	8013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELSWITH OGALDEZ

1501 EGEMONT PLACE
FAR ROCKAWAY, NY 11691

(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	9600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EVERNORTH BEHAVIORAL HEALTH, INC.

41-1648670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	3561012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVICORE HEALTHCARE MSI, LLC

62-1615395

(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	3948089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXAFLUENCE INC

47-2231798

(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	1601330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FACILITY MANAGEMENT PLANNERS, INC.

26-4712405

(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	112514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAI CONSULTING SERVICES, LNC.

22-3538910

(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	43095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAIR HEALTH, INC.

90-0524293

(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	24700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FEDERAL HEARINGS AND APPEALS SERVIC

23-2939573

(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	83265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FEDERAL REALTY LP

11-3303526

(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?
99	NONE	39210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FILCO CARTING CORP

11-2913394

(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	8615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FINUCANE & REDA PRINTING CORPORATIO

22-2787561

(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	38013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRE SERVICE, INC.

11-2518327

(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	13882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST QUALITY MAINTENANCE II, LLC

20-5708601

(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	222059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FLAGSTAR BANK, N.A.

38-2734984

(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	309323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKLIN UNIVERSITY

31-0707369

(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	5250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRESH KITCHEN INC.

82-2899259

(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	57002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(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	37500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBETORG, INC

46-3499819

(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	378720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

G&P REALTY CO., LLC

11-3354093

(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	393881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GARTNER INC.

04-3099750

(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	389735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOTHAM TECHNOLOGY GROUP LLC

13-4187205

(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	362404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENKEY RESOURCES LLC

26-1278726

(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?
61	NONE	75292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(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	426473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHIX, INC.

45-0553664

(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	225000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENRY SCHEIN, INC.

11-3136595

(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	143297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HIGH LINE EVENT RENTALS CORP

86-2703107

(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	5989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH-ISAC, INC.

27-4700010

(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	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLSIDE PRINTING INC

11-3177255

(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	424335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HOLLY HAGEN

45 HAWTHORNE DR
CLARK, NJ 07066

(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	43641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMPERIAL BAG & PAPER CO. LLC

20-5963953

(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	37398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMWOTH LLC

81-2973570

(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	18484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INFOLOCK TECHNOLOGIES, LLC

73-1724401

(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	74500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INOVALON PROVIDER, INC

41-1973195

(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	697347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERIOR FOLIAGE DESIGN, INC.

11-2553567

(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	28298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INTERNATIONAL FOUNDATION OF EMPLOYEE

39-1034021

(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	155764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERNATIONAL BUSINESS MACHINES COR

13-0871985

(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	2708584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IPD ANALYTICS, LLC

76-0723559

(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	50473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IRONCLAD, INC

47-1693307

(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	82936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISAAC E. PARIS, JR

246 GATES AVENUE
BROOKLYN, NY 11238

(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	9700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISLAND PAINTING, INC.

11-2993356

(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	12134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IVANTI, INC.

30-0110335

(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	33343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J W MAYS INC.

11-1059070

(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?
99	NONE	352564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACK C. KEANE, INC.

52-2225523

(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	632784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JACOBSON & COMPANY INC.

13-0881070

(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	13104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY A. SACHS ASSOCIATES, INC.

13-3282561

(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	240000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY G. STEIN

276 STERLING PLACE
BROOKLYN, NY 11238

(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	77000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JENNA LYNNE HAYES

555 WEST 57TH STREET SUITE 1530
NEW YORK, NY 10019-2925

(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	276544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSHUA MARGOLIS

126 WEST 96TH STREET
NEW YORK, NY 10025

(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	63225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANNE FRANKLIN, INC

501 FIFTH AVE, SUITE 712
NY, NY 10017

(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	140237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JRM CONSTRUCTION MANAGEMENT, LLC

20-8783504

(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	103709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K.I.M CO. REFRIGERATION CORP

11-2446694

(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	43247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KICKER MEDIA INC.

71-1000033

(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	172772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KONICA MINOLTA BUSINESS USA INC

13-1921089

(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	416733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KORN FERRY INTERNATIONAL

95-2623879

(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	12182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(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	NONE	287603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LANGUAGE LINE SERVICES

77-0586710

(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	189446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWRENCE B. ORINSTEIN, DO

1973 MORRIS GATE
SEAFORD, NY 11783

(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	127291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEVY RATNER, P.C.

13-3726314

(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	1330313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LINEA SOLUTIONS, INC.

95-4723968

(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	133777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINKEDIN CORPORATION

47-0912023

(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?
61	NONE	55290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAC FELDER INC.

13-1827137

(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	15461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARIE J. SIMON

382 LAFFETS AVE UNIT 2A
BROOKLYN, NY 11225

(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	81015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS ELECTRIC COMPANY

04-1988940

(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	17882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLAGAN PARTNERS INC

13-3975524

(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	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MED TEK CONTRACTING, INC.

26-2103605

(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	101585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEGAPORT (USA) INC

47-2310215

(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	73162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICROMAGIC CO, INC.

11-3174830

(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	6511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICROSOFT CORPORATION

91-1144442

(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?
99	NONE	1482924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN F.SCHEINMAN, ESQ

38 ARDEN LANE
SANDS POINT, NY 11050

(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	36667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAXIMUS FEDERAL SERVICES INC

20-2998066

(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	34710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCG HEALTH, LLC

33-1104821

(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	238627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MED REVIEW INC

13-3240352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	291295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDCO HEALTH SOLUTIONS, INC.

22-3461740

(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	3171242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MEDECISION INC.

23-2530889

(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	305124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDICAL EVALUATORS OF TEXAS ASO, LL

71-1001468

(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	6390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDICARE RIGHTS CENTER, INC.

13-3505372

(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?
99	NONE	25750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLIMAN, INC.

91 CRESTWOOD DRIVE
STAMFORD, CT 06905

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	901840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINNA GORODNITSKY

91 CRESTWOOD DRIVE
STAMFORD, CT 06905

(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	16370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MVP HEALTH CARE, INC

14-1640868

(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?
99	NONE	897295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MONGODB, INC.

26-1463205

(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	22015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONROE COLLEGE LTD

13-2501225

(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	5752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL HEALTH CARE ANTI-FRAUD ASS

52-2187972

(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	14045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NAVINET INC.

04-3355932

(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	404634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NETDOCUMENTS SOFTWARE, INC

87-0551580

(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	28047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NETRIGHT INTERMEDIATE LLC

134 SUTTON MANOR RD
NEW ROCHELLE, NY 10801

47-4341604

(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	6015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEW YORK COMMUNITY BANK

11-1212640

(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	340191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCQA

52-1191985

(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	9126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEXRY LLC

82-1806554

(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	29914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTH EAST BUILDING SERVICES LLC

23-1975341

(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	70726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ODP BUSINESS SOLUTIONS, LLC

EQUITABLE CITIES LLC
SILVER SPRINGS, MD 20906

86-2161688

(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	209838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLITECH SOLUTIONS, LLC.

46-1922325

(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	36382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ONEPLAN SOLUTIONS, LLC

85-2943125

(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	23076	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT INC

46-0525483

(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	88530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPENIAM, LLC

26-2285740

(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	43030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OPENSESAME INC

45-1621241

(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	44781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUM360 LLC

46-3328307

(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	75514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTIMUM LIGHTPATH

11-3052355

(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	149014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ORACLE AMERICA, INC.

94-2805249

(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	633953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OWNCOMPANY, INC

47-3543961

(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	24607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANERA BREAD COMPANY

04-2723701

(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	59315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PINNACLE SOLUTIONS INCORPORATED

35-1999965

(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	71364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PISCATELLO DESIGN CENTRE, INC.

13-4196063

(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	21913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P.C. RICHARD & SON LONG ISLAND COPO

11-2128677

(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	5768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PASSAGEWAYS, INC.

82-2007390

(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	37536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATHFYNDER INC.

84-3874273

(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	10800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYSCALE, INC.

91-1618647

(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	15776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PEACHTREE DATA, INC.

58-2118758

(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	7825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PER SCHOLAS, INC.

04-3252955

(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	18236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHOTOSHELTER, INC.

20-8294732

(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	13119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PITNEY BOWES GLOBAL FINANCIAL SERVI

20-1344287

(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?
99	NONE	48795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PJ MECHANICAL SERVICE & MAINTENANCE

13-4152024

(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	163343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLURALSIGHT LLC

20-1279619

(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	46046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

POWER CAPITAL MANAGEMENT INC

77-0412325

(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	9980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRESIDIO NETWORKED SOLUTIONS, INC.

58-1667655

(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	393863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRESS GANEY ASSOCIATES, INC.

35-1646289

(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	28706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRIDE PRODUCTS DISTRIBUTORS LLC

13-3800612

(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	5876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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	655863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(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	1690266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PROVIDER RESOURCES, INC

80-0077353

(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	11979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PUPPET LABS INC.

27-0283585

(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	19930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Q-MATIC CORPORATION

36-3545811

(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	34263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

QUADIENT LEASING USA, INC.

94-2984524

(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	29765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUENCH USA, INC.

26-3264642

(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	10278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAPID7 LLC

74-3111935

(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?
99	NONE	123928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RD WEIS & CO., INC.

13-3569261

(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	50458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECRUITINGDASH, LLC

85-0947654

(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	13575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REDSTONE INTERMEDIATE (ARCHER) HOLD

85-1146788

(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	79282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RESEARCH FOUNDATION OF CUNY

13-1988190

(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	28055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESOURCES UNLIMITED LLC

47-0968438

(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	17939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROPES & GRAY

04-2233412

(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	49826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RSM US LLP

42-0714325

(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	43550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALESFORCE.COM, INC.

94-3320693

(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	41393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAS INSTITUTE, INC.

56-1133017

(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	67475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCALABLE SYSTEMS INC.

20-2838091

(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	134412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHEMAN & GRANT, INC

13-1527918

(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	12006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHINDLER ELEVATOR CORPORATION

34-1270056

(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	189490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCHULTE ROTH & ZABEL LLP

13-2633996

(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	165000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SECURITAS ELECTRONIC SECURITY, INC.

47-4992129

(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	72730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	1634639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SERVICE LOGIC STRATEGIC SERVICE, LL

35-2623721

(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	51406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHI-INTERNATIONAL CORP

22-3009648

(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	2840106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHRED-IT US JV LLC

46-5506074

(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	8815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SIGNWORKS

13-2891299

(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	5009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMART DIGITAL SOLUTIONS, INC

47-2964745

(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	9711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOLARWINDS, INC.

73-1559348

(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	140768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SOVOS COMPLIANCE LLC

46-1379693

(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	194276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD EXTERMINATING CO.,INC

11-1977737

(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	16701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE INSURANCE FUND

13-3098552

(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	396322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SIDLEY AUSTIN LLP

36-4474078

(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	13624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOFTART SOLUTIONS INC.

20-0067615

(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	258726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEP VISUAL COMMUNICATIONS LLC

26-4662241

(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	522692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STORIX INC.

72-1551051

(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	5034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BACHRACH GROUP LTD.

03-0408733

(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	233401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE CUSTOM GROUP OF COMPANIES

13-3247546

(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?
61	NONE	193353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NEW YORK STATE INSURANCE FUND

14-6013200

(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?
23	NONE	7943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE GUARDIAN LIFE INSURANCE COMPANY

13-5123390

(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?
99	NONE	114805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	PARTY-IN-INTEREST	113416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMSON REUTERS (TAX & ACCOUNTING)

75-1297386

(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	21954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMSON REUTERS ENTERPRISE CENTRE G

98-0435183

(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	39039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THRIVEPASS, INC.

47-2065790

(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	6987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TIER 1, INC.

13-4253491

(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?
99	NONE	69760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T-MOBILE USA INC.

91-1983600

(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	9411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON PENNSYLVANIA INC

23-1159360

(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	33115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TURNAROUND CREATIVE, LLC

85-1017319

(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	10563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TWILIO, INC.

26-2574840

(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	53089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULINE INC.

36-3684738

(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	8824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNITED PARCEL SERVICE INC.

36-2407381

(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	79619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNIVERSAL PROTECTION SERVICE, LP

33-0973846

(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	607784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US POSTAL SERVICE

23-2259884

(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	1300000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VANGUARD GROUP STAFFING

13-3854763

(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?
61	NONE	656756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERACODE, INC.

26-0126281

(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	85797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON BUSINESS FIOS

23-2259884

(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	580642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VERIZON NEW YORK INC

13-5275510

(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	1091304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON WIRELESS SERVICES LLC

22-3723921

(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	322981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITECH SYSTEMS GROUP, INC.

13-3785492

(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	4248578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VJ HOLCOMB ASSOCIATES INC

26-2203170

(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	123600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED STAFFING SOLUTIONS, INC.

80-0753397

(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	21069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UPTODATE, INC

04-3310941

(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	28824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WARSHAW GROUP

13-3926041

(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	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLABLE LLC

46-1012418

(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	99996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS OF NEW YORK INC.

13-2695427

(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?
23	NONE	1309840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WIRELESS WATCHDOG LLC

74-3036989

(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	48092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(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	15600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WP ENGINE, INC.

27-3155665

(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	52887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WINSTON SUPPORT SERVICES, LLC

80-0004314

(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	14991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIZCOM CORPORATION

22-3437242

(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	382442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

16-0468020

(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	37064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

XYZ TWO WAY RADIO SERVICES, INC

13-3007774

(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	51215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZOOM VIDEO COMMUNICATIONS, INC.

61-1648780

(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	101423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
99	NONE	1509096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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?
52	NONE		Yes ☒ No ☐	Yes ☐ No ☒	46870	Yes ☐ No ☒

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	205871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	1355970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES				D Employer Identification Number (EIN) 13-1628401	
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: MFB NORTHERN INSTL FDS GOVT SELECT					
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY					
c EIN-PN 36-6036794-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86653924	
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)	
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</					

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES	D Employer Identification Number (EIN) 13-1628401

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	147728386	104851258
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	255165963	293835763
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	175217529	179752943
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	116473583	107601036
(2) U.S. Government securities	1c(2)	32376430	191552783
(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)	63979129	59219430
(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)	546241	86653924
(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)	555989587	545151425

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	15887584	18238140
f Total assets (add all amounts in lines 1a through 1e)	1f	1363364432	1586856702
Liabilities			
g Benefit claims payable	1g	309054520	353429657
h Operating payables	1h	33719470	26356790
i Acquisition indebtedness	1i		
j Other liabilities	1j	745235430	715840845
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1088009420	1095627292
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	275355012	491229410

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)	2495148526	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	14370636	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2509519162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)	15663524	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15663524
(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)		
(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)	2435602	
(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		999789
d Total income. Add all income amounts in column (b) and enter total	2d		2528618077

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2183960241	
(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)		2183960241
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		359796
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	85476652	
(2) Contract administrator fees	2i(2)	1561841	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	509712	
(5) Investment advisory and investment management fees	2i(5)	75452	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	901840	
(8) Legal fees	2i(8)	8623315	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	31274830	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		128423642
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2312743679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		215874398
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: **KPMG LLP**

(2) EIN: **13-5565207**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Table of Contents

	Page(s)
Independent Auditors' Report	1–3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6–29
Supplemental Schedules	
Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	30-32
Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024	33-37



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Board of Trustees
1199SEIU National Benefit Fund for Health and Human Service Employees:

Opinion

We have audited the financial statements of 1199SEIU National Benefit Fund for Health and Human Service Employees (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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 Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 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.

KPMG LLP

New York, New York
October 15, 2025

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value (note 4)	\$ 278,230,515	32,962,555
3BF, net (note 12)	59,219,430	63,979,129
Cash and cash equivalents	212,452,294	264,201,969
Receivables:		
Employer's contributions (net of allowance for doubtful accounts of \$21,545,125 and \$7,601,893 for 2024 and 2023, respectively) (notes 2(h) and 2(l))	293,835,763	255,165,963
Advanced Training Initiative (net of allowance for doubtful accounts of \$717,486 and \$705,266 for 2024 and 2023, respectively) (notes 1(c)(i), 2(h) and 2(l))	3,821,963	1,477,935
Enhanced Advanced Training Initiative (net of allowance for doubtful accounts of \$7,437,335 and \$2,693,423 for 2024 and 2023, respectively) (notes 1(c)(ii), 2(h) and 2(l))	22,998,691	25,652,728
Due from pharmacy benefit manager and others (note 2(g))	132,624,034	126,309,723
Due from related entities	10,695,934	12,776,074
Accrued investment income	698,112	86,860
Lease incentive receivable (note 10)	8,914,209	8,914,209
Total receivables	<u>473,588,706</u>	<u>430,383,492</u>
Fixed assets, prepaid and other assets:		
Furniture, equipment, and leasehold improvements, net (note 14)	18,238,140	15,887,584
Prepaid expenses and other assets	18,590,399	13,517,676
Operating lease right of use assets (note 10)	526,537,218	542,432,027
Total fixed assets, prepaid, and other assets	<u>563,365,757</u>	<u>571,837,287</u>
Total assets	<u>1,586,856,702</u>	<u>1,363,364,432</u>
Liabilities:		
Accounts payable and accrued expenses	26,356,790	33,719,470
Due to related entities (note 9)	74,102,583	87,622,929
Obligation under security lending agreement (note 5)	4,730,066	—
Deferred contributions (note 2(i))	10,903,387	7,394,201
Due to employers (note 2(j))	16,317,068	25,919,792
Due to brokers for purchase of securities	—	1,198,989
Operating lease liability (note 10)	609,787,741	623,099,519
Total liabilities	<u>742,197,635</u>	<u>778,954,900</u>
Net assets available for benefits	<u>\$ 844,659,067</u>	<u>584,409,532</u>

See accompanying notes to financial statements.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets available for benefits:		
Investment income:		
Net appreciation in fair value		
of investments and derivatives (note 4)	\$ 2,435,602	972,365
Interest and dividends	15,663,524	3,418,924
	<u>18,099,126</u>	<u>4,391,289</u>
Less:		
Investment expenses	75,452	25,529
Securities Lending Fees	734	—
Net investment income	<u>18,022,940</u>	<u>4,365,760</u>
Contributions:		
Employers	2,495,148,526	2,164,541,541
Enhanced Advanced Training Initiative (notes 1(c)(ii) and 2(h))	11,323,028	15,027,867
COBRA payments	3,047,608	3,051,142
Total contributions	<u>2,509,519,162</u>	<u>2,182,620,550</u>
Interest and charges – employer delinquencies and other	999,789	6,435,566
Total additions	<u>2,528,541,891</u>	<u>2,193,421,876</u>
Deductions from net assets available for benefits:		
Benefits paid (note 8)	2,139,585,104	1,948,405,654
Administrative expenses	117,339,932	117,479,034
General expenses	11,007,524	10,516,498
Interest and fees (note 15)	359,796	471,246
Total deductions	<u>2,268,292,356</u>	<u>2,076,872,432</u>
Net increase	260,249,535	116,549,444
Net assets available for benefits:		
Beginning of year	584,409,532	467,860,088
End of year	<u>\$ 844,659,067</u>	<u>584,409,532</u>

See accompanying notes to financial statements.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Fund

The following brief description of the 1199SEIU National Benefit Fund for Health and Human Service Employees (the Fund or Plan) provides only general information. Participants should refer to the Summary Plan Description (the SPD) or the plan documents for a more complete description of the Plan provisions. Copies of the SPD and plan documents are available from the Fund's management.

(a) General

The Plan is a noncontributory, multiemployer (Taft-Hartley), collectively bargained, employee welfare benefit fund subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Fund is self-administered and, generally, is self-insured. The Plan is administered by a Board of Trustees (the Trustees) with equal representation of the contributing employers and the 1199SEIU United Healthcare Workers East (the Union).

(b) Plan Benefits and Eligibility

The Plan provides, among other benefits, medical, hospital, prescription drugs, dental, short-term disability, paid family leave, vision, and life insurance.

In general, employees of contributing employers are eligible to participate in the Plan if they work for a contributing employer who is making contributions to the Fund on their behalf and have completed a waiting period specified in the employer's collective bargaining agreement (CBA). Terminated employees also may be eligible for benefits, if they are eligible to receive COBRA continuation coverage and have complied with the notice requirements and pay monthly premiums. Retirees are eligible for a specific package of benefits depending, among other requirements, on their age at retirement and the years of pension fund credited service.

The Fund has three levels of benefits called Wage Classes. The Wage Class determines which benefits are provided by the Plan. Wage Classes are not applicable to employees of the City of New York or its agencies. Such employees are provided with a specific package of benefits which exclude hospital and medical benefits.

Most benefits are paid for participants up to 30 days after their last payroll date plus any extended coverage provisions, as applicable.

(c) Funding

The Fund receives contributions pursuant to a number of CBAs entered into with contributing employers by the Union. Contributions from employers were based on a percentage of the participating employers' monthly payroll for covered employees adjusted in certain cases for collectively bargained credits for certain contributing employers. In 2004, the Trustees of the Fund established a Uniform Required Rate (URR) of contribution, to be adjusted annually, required for an employer to be accepted or remain as a contributing employer.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

For the contributions due for most employers, each annual period commencing each October 1 through September 30, the actuary calculates for each employer a Flat Contribution Rate based on the amount that would be due for the contribution as follows:

- (a) from League employers based on the Capped Methodology and
- (b) from non-League employers based on the noncapped, credit methodology.

For contributions months beginning each October thereafter, the actuary will calculate a new Flat Contribution Rate for each employer based both on projections of contributions due for each October through September annual period as well as reconciliations of any difference between the prior Flat Rate compared to the amounts that would have been paid (a) from League employers based on the Capped Methodology and (b) from non-League employers based on the noncapped, credit methodology.

On September 23, 2021 the CBA was extended from October 1, 2021 to September 30, 2024. Further, on March 9, 2023, the League CBA was extended from October 1, 2024 to September 30, 2026. The extension includes a wage increase of: 7% effective July 1, 2023, 6% effective October 1, 2024 and 5% effective October 1, 2025.

The URR was modified as follows:

- (a) Effective as of the following dates, for each annual cycle from October through the following September, the monthly flat rates for each League Member Employer, as determined by the Fund's actuaries are as follows:

Effective date	League hospitals		League nursing homes*	
	WC I (PMPY)	WC II/III (% of gross wages)	WC I (PMPY)	WC II/III (% of gross wages)*
10/1/2022	21,316	43.13 %	18,954	43.13 %
10/1/2023	22,926	44.83 %	20,346	44.83 %
10/1/2024	24,475	42.74 %	21,957	42.74 %
10/1/2025	25,990	42.81 %	23,244	42.81 %

**Nursing Home employers will exclude overtime wages from any contributions made for employees in Wage Classes II and III.*

- (a) The Non-League URR for each Non-League Contributing Employer is as follows:

Effective with the October 2021 Contribution, and thereafter, for each annual cycle from October through the following September, the URR shall be the monthly Flat Rate for each Non-League Member Employer, as determined by the Fund's actuaries as set forth below:

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

<u>Effective Date</u>	<u>% of Gross Wages</u>
10/1/2022	38.74 %
10/1/2023	40.42 %
10/1/2024	38.17 %
10/1/2025	38.56 %

As the Fund is a multiemployer fund, costs are calculated on a pooled basis.

(i) Advanced Training Initiative

The New York State Department of Health (DOH) implemented a nursing home Advanced Training Initiative (ATI) program aimed at teaching direct caregivers to detect early changes in a resident's status that could lead to health declines and/or hospitalization. A State budget was approved for this program for the three State Fiscal Years (2022-2023, 2023-2024, and 2024-2025), in which several non-participating employers are also recipients of this funding.

Due to the Nursing Homes (Homes) favorable retention rates, the Homes received a share of ATI funding. In accordance with the applicable collective bargaining agreements, such Homes pool their ATI Retention funding with the other contributing employers for the purpose and intent of equalizing their effective contribution rate to the Fund with that of the League Homes. To accomplish this, all the ATI Retention funding received by the Homes each year should be paid to the Fund, and in return, the Homes shall be entitled to credits against future contributions to the Fund. These credits shall be aggregated and shared between all the participating Homes which has a net zero impact on revenue to the Fund. The total aggregate credits available to Homes and available to all participating bargaining facilities shall not exceed the total aggregate retention funding received by the participating facilities and remitted to the Fund.

(ii) Advanced Training Initiative

In 2022, the New York State Department of Health (DOH) implemented a temporary lump sum Enhanced Advanced Training Initiative (Enhanced ATI) payment to residential healthcare facilities for the State Fiscal Years of 2022-2023 and 2023-2024.

These payments are intended to protect and enhance access to, and quality of, care as vulnerable facilities confront ongoing workforce challenges in the wake of the COVID 19 pandemic. Under the payment methodology for this fiscal year, eligible nursing homes receive funds to support stronger staff continuity, and quality of care.

Both the Fund and the 1199SEIU Greater New York Benefit Fund (GNYBF) received this temporary DOH funding initiative. The Fund's expected Enhanced ATI amount was \$15.7 million for the period from April 1, 2024 through March 31, 2025, \$16.0 million for the period from April 1, 2023 through March 31, 2024 and \$12.0 million for the period from October 1, 2022 through March 31, 2023. For the years ended December 31, 2024 and 2023 the total ATI contributions were \$11.3 and \$15.0 million, respectively.

On June 14, 2023, the Trustees approved a resolution allowing the Fund to allocate any funds received from employers as part of the above DOH initiative in excess of \$12.5 million from the 2022

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

and 2023 periods to GNYBF in accordance with the expectations of the applicable contributing employers, as GNYBF is also receiving funding from the program.

(2) Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Cash and cash equivalents

Cash and cash equivalents consists of cash held at banks in commercial checking accounts.

(c) Investment Valuation, Income Recognition and Due from/to Brokers

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion on fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year. For certain of the investment funds, investment advisers are reimbursed for costs incurred, may receive a management fee for providing investment advisory services or may receive a performance fee. In addition, in certain instances, the investment manager may receive fees from the investment entities held by the investment fund. These reimbursed costs and management fees are reflected in the net appreciation (depreciation) in the fair value of investments on the statements of changes in net assets available for benefits.

Due to brokers include amounts for securities purchased, but not yet settled at year end.

(d) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, benefit obligations and changes therein and disclosure of contingent assets, liabilities, and benefit obligations at the date of the financial statements and accompanying notes. Actual results could differ from those estimates.

(e) Depreciation and Amortization

Furniture and fixtures, computer equipment, and software are stated at cost, net of accumulated depreciation, and depreciated on a straight-line basis over their estimated useful lives. Leasehold improvements are stated at cost, net of accumulated amortization, and amortized on a straight-line basis over their estimated useful lives or the remaining term of the sublease, whichever is shorter. Expenditures for maintenance and repairs are expensed as incurred, while additions and improvements that extend the life of the asset are capitalized.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(f) Benefits Paid

Benefits are recorded when paid and include premiums paid to insurance companies for the purchase of life insurance and accidental death and dismemberment (AD&D) insurance coverage for the Plan's members. Benefit payments are reported net of rebates and refunds due to contractual terms and overpayments, respectively, subrogation, and adjustments received by the Fund.

(g) Rebates/Refunds

Rebates and refunds due from the Plan's Prescription Benefit Manager are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as a receivable, with the offset netted against benefits paid. Pharmacy drug rebates and refunds totaling approximately \$118 million and \$64 million, are included as amounts due from pharmacy benefit manager and others and netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

For the year ended December 31, 2023, the amounts due from pharmacy benefit manager and others also included a refund due from the New York State Department of Health Office of Health Insurance Programs. This refund pertained to over-payments made under the New York State Health Care Reform Act Surcharge and Covered Lives Assessment from January 2017 to June 2022, totaling \$56 million. This amount is netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2023. This refund was received during 2024.

(h) Employer Contributions, Advanced Training Initiative, and Enhanced Advanced Training Initiative

The Fund recognizes contributions based on the latest executed collective bargaining agreement on an individual employer basis. Accordingly, if certain employers have yet to sign contracts under the new collective bargaining agreement(s), contribution revenues are recorded based on the flat rates of the latest signed agreement. The Flat Contributions are calculated by the Fund's actuary each year, based on the amount that would be due for the contribution period October 1 through September 30 (a) from League employers based on the Capped Methodology and (b) from non-League employers based on the noncapped, credit methodology. For contributions months beginning each October thereafter, the actuary calculates a new Flat Contribution Rate for each employer based both on projections of contributions due for each October through September annual period as well as reconciliations of any difference between the prior Flat Rate compared to the amounts that would have been paid (a) from League employers based on the Capped Methodology and (b) from non-League employers based on the noncapped, credit methodology.

ATI and Enhanced ATI contributions from employers that qualify for ATI and Enhanced ATI Funding entitles those employers to credits for future contributions. The total aggregate credits given to Homes and available to all participating bargaining facilities shall not exceed the total aggregate retention funding received by the participating facilities and remitted to the Fund.

The Fund recognizes contributions as revenue in the same period in which the wages were earned by the covered employees.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(i) Deferred Contributions

Deferred contributions in the amount of \$10.9 million and \$7.4 million for years ended December 31, 2024 and 2023, respectively represents Enhanced ATI contributions received from certain employers in 2024 for the 2025 calendar period and 2023 and 2024 calendar period, respectively, due to timing of program disbursements.

(j) Due to Employers

Due to employers in the amount of \$16.3 million and \$25.9 million represents ATI and Enhanced ATI received by the Fund in 2024 and 2023, respectively. Receivables and Liabilities

The carrying value of receivables and liabilities approximate fair value.

(k) Allowance for Doubtful Accounts

Management of the Fund evaluates receivables from employer for contributions, ATI and Enhanced ATI payments periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024, and 2023, the allowance for doubtful accounts consists of the following:

	<u>2024</u>	<u>2023</u>
Specific allowance	\$ 23,146,972	7,645,562
General allowance	<u>6,552,974</u>	<u>3,355,020</u>
Total allowance	<u>\$ 29,699,946</u>	<u>11,000,582</u>

(l) Leases

The Fund is a lessee in several noncancellable operating leases, primarily for facilities, office equipment, and automobiles. The Fund accounts for leases in accordance with ASC Topic 842 Leases (see Note 10). The Fund determines if an arrangement is or contains a lease at contract inception. The Fund recognizes a right-of-use (ROU) asset and a lease liability at the lease commencement date.

For the Fund's operating leases, the operating lease liability is initially measured at the present value of the unpaid lease payments at the lease commencement date. The operating lease liability is subsequently measured at amortized cost using the effective-interest method. Key estimates and judgments include how the Fund determines (1) the discount rate it uses to discount the unpaid lease payments to present value, (2) lease term, and (3) lease payments.

The Fund has elected not to recognize ROU assets and lease liabilities for all leases with a lease term of less than 12 months, and therefore, these leases are not recorded on the statement of net assets available for benefits. The Fund has elected not to apply the short-term lease recognition and measurement exemption for other classes of leased assets. The Fund recognizes the lease payments as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as for all other Fund leases.

ROU assets represent the Fund's right to use an underlying asset for the lease term while lease liabilities represent the Fund's obligation under the lease agreement. ROU assets equal the lease liabilities

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

adjusted for lease incentives and prepaid lease payments. Lease liabilities are recognized at commencement date based on the present value of the future minimum lease payments. The Fund applies a discount rate to determine the present value of the future minimum lease payments. The Fund has elected the practical expedient to account for the lease and non-lease maintenance components as a single lease component. Therefore, for those leases, the lease payments used to measure the lease liability include all the fixed consideration in the contract.

Right-of-use assets for operating leases are amortized over the remaining lease term. The amortization of an operating lease right-of-use asset is made up of the principal amortization under the lease liability plus or minus the straight-line adjustment of the operating lease rent. Operating lease expense is recognized on a straight-line basis over the lease term.

(m) Reclassifications:

Certain prior amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported results of operations.

(3) Benefit Obligations

Benefit obligations are estimated by the Fund's actuary in accordance with generally accepted actuarial principles. The estimated claims payable and claims incurred but not reported represent those estimated future payments that are attributable, under the Plan's provisions, to services rendered to the participants prior to the valuation date. The estimated claims payable and claims incurred but not reported include benefits expected to be paid for retired employees and their beneficiaries.

The accumulated eligibility credit benefit obligation represents the present value of a 30-day extension of benefits for all future terminations other than death that occur prior to eligibility for retirement with medical benefits per the rules specified in the SPD.

The calculation of the accumulated eligibility credit reserves as of December 31, 2024 and 2023 have been based on assumptions of future plan experience, including.

Discount rates	5.20% for 2024; 4.62% for 2023 (based on AA corporate bond rates)
Mortality	PRI 2012 Blue Collar Employee adjusted by 95% for females and 115% for males with 75% of Scale MP 2021 for 2024 and 2023 on a generational basis, sex distinct

The calculation of accumulated eligibility credit reserves has assumed that the Plan will not terminate and that no contributing employers will drop out of the Plan. The accumulated eligibility credit benefit obligation includes all amendments to the Plan's provisions as of the respective valuation date.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, assuming the Plan continues in effect and all assumptions about future events are fulfilled. Postretirement benefits include future benefits expected to be paid to or for (1) currently

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is expected to be funded by contributions from the Plan's participating employers and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected dates of payment.

Significant assumptions include assumptions for healthcare trend rates and:

Discount rates	5.51% for 2024; 4.81% for 2023 (based on AA corporate bond rate)
Healthy Mortality	PRI-2012 Blue Collar Employee adjusted by 95% for females and 115% for males with 75% of Scale MP 2021 for 2024 and 2023 on a generational basis, sex distinct.
Disabled Mortality	PRI-2012 Disabled Retiree Sex-Distinct Mortality Tables with adjustments to the base tables of 107% for females and males with full generational projection using 75% of Scale MP-2021 for 2024 and 2023.
Beneficiary Mortality	PRI-2012 Blue Collar Contingent Survivor Sex -Distinct Mortality Tables with adjustments to the base tables of 103% for females and 101% for males with full generational projections using 75% of Scale MP-2021 for 2024 and 2023.

Retirement rate assumptions are related to age:

Current assumption	
Age	Rate
55–56	0.75 %
57–59	1.00
60	1.50
61	4.00
62	8.00
63	6.00
64	12.00
65–67	30.00
68–70	20.00
71–73	20.00
74	40.00
75+	100.00

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

In addition, those eligible to retire for unreduced pensions at age 62 with 20 years of service or 62.5 with 25 years of service are assumed to retire with a probability of 30% at first eligibility and 20% thereafter until age 65, when the rates on the above table apply.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's benefit obligations.

The following tables present the components of the Fund's benefit obligations and the related changes in benefit obligations as of and for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Claims payable, claims incurred but not reported, and other benefit obligations*	\$ 353,429,657	309,054,520
Post-employment benefit obligations, net of amounts currently payable:		
Accumulated eligibility credits	80,100,000	75,600,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	2,126,552,000	2,160,266,000
Other participants fully eligible for benefits	1,484,425,000	1,514,767,000
Participants not fully eligible for benefits	<u>2,085,440,000</u>	<u>2,350,252,000</u>
	<u>5,696,417,000</u>	<u>6,025,285,000</u>
Total benefit obligations	<u>\$ 6,129,946,657</u>	<u>6,409,939,520</u>

*As of December 31, 2024 and 2023, claims payable, claims incurred but not reported and other benefit obligations include reserves related to the Medicaid reclamation for Prescription drug claims in the amount of approximately \$4.1 million and \$2.5 million, medical claims of approximately \$10.6 million and hospital claims of approximately \$22.2 million, respectively. Such amounts represent management's best estimate but could vary from what is ultimately paid.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

Changes in benefit obligations:

	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Balance at beginning of year	\$ 309,054,520	305,464,043
Benefits reported and approved for payment, including benefits reclassified from benefit obligations	2,183,960,241	1,951,996,131
Benefits paid	<u>(2,139,585,104)</u>	<u>(1,948,405,654)</u>
Balance at end of year	\$ <u>353,429,657</u>	<u>309,054,520</u>
Post-employment benefit obligations, net of amounts currently payable:		
Balance at beginning of year	\$ 75,600,000	64,400,000
Net change during year	<u>4,500,000</u>	<u>11,200,000</u>
Balance at end of year	\$ <u>80,100,000</u>	<u>75,600,000</u>
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	\$ 6,025,285,000	5,869,477,000
Increase (decrease) due to:		
Benefits accumulated, actuarial experience earned, actuarial experience and changes in population data	83,265,000	162,349,000
Benefits reclassified to amount currently payable	(194,168,000)	(190,372,000)
Increase for interest due to decrease in discount period	285,146,000	288,714,000
Net changes in assumptions	<u>(503,111,000)</u>	<u>(104,883,000)</u>
Balance at end of year	<u>5,696,417,000</u>	<u>6,025,285,000</u>
Total benefit obligations at end of year	<u>\$ 6,129,946,657</u>	<u>6,409,939,520</u>

Changes in the postretirement benefit obligation (PRBO) reflect an increase in benefits accumulated in the amount of \$194,818,000 and \$198,719,000 and a decrease due to changes in the population data and health care cost in the amount of \$111,553,000 and \$36,370,000 as of December 31, 2024 and 2023, respectively.

Changes in assumptions related to PRBO represent a change in the discount rate as of December 31, 2024 and 2023. The effect of changing the discount rate was an (decrease) increase of \$(605,103,000) and \$166,577,000, respectively, in the actuarial present value of benefit obligation. In addition, the changes in other assumptions included changes in the trend rates and demographic assumptions which increased (decreased) the PRBO by \$101,992,000 and \$(271,460,000), respectively. The current trend rates range from 4.0% to 6.7%, with an ultimate trend rate of 3.7% in 2090.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

The impact of a 1% increase in the healthcare cost trend assumptions would increase the Fund's postretirement obligations by approximately \$917,771,000 at December 31, 2024 and by \$1,024,902,000 at December 31, 2023.

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. Plan management expects that the deficiency will be funded through future collectively bargained contributions.

(4) Investments and Fair Value Measurements

The Fund's investments are managed by various investment managers as applicable and held by the Northern Trust Company as the custodian.

For the years ended December 31, 2024 and 2023, the net appreciation in fair values (including from those bought, sold, as well as held during the year) are as follows:

	<u>2024</u>	<u>2023</u>
Short-term investments	\$ 2,175,396	936,067
Government and government agency securities	261,598	50,764
Hedge fund	<u>(1,392)</u>	<u>(14,466)</u>
Total	<u>\$ 2,435,602</u>	<u>972,365</u>

The following individual investments represent 5% or more of the Fund's net assets available for benefits at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Northern Institutional Government Select Portfolio	\$ 86,653,924	*

* Represents less than 5% of net assets as of the period indicated.

U.S. GAAP provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under U.S. GAAP are described below:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In estimating the fair value of investments, management generally uses third party pricing sources. In substantiating the reasonableness of the pricing data, management evaluates the number of pricing sources, how current or stale the price is, pricing comparisons to portfolio managers and the custodian bank, and execution prices compared to prior day closing prices.

Below is a description of the valuation methodologies used for assets measured at fair value. There were no changes in valuation methodologies used to measure the fair value of the Plan's investments as of and for the years ended December 31, 2024 and 2023.

Short-term investments consist of short-term investment funds, notes deposits, commercial paper, government bonds, foreign currency and highly-liquid investments which are readily convertible into cash and which have original maturities of three months or less. The majority of short-term investments are valued at amortized cost which approximates fair value.

Government and government agency securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Other fixed income securities include mortgage-backed securities and collateralized mortgage obligations, which are based on yields currently available on comparable securities of issuers with similar credit ratings or are valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

Cash collateral received and reinvested in short-term securities under a securities lending agreement consists of the Fund's share in an investment fund where the Northern Trust Company (the Agent) invests the cash collateral received on behalf of the Fund for its participation in the securities lending program. The Fund's share of the investment fund is valued at amortized cost which approximates fair value. Amortized cost of the securities in the investment fund generally approximates fair values due to the short-term nature of the securities (see note 5).

The investment in hedge fund is a multi-strategy hedge fund and is valued using the net asset value (NAV) as a practical expedient of the hedge fund as determined by the hedge fund's investment manager, which is based on the fair values of the underlying investment in the portfolio. The fund is invested in the illiquid pool where redemptions are not permitted. There are no contractual commitments to acquire further interests.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

2024				
	Level 1	Level 2	Level 3	Total
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 86,653,924	—	—	86,653,924
Government bonds	58,815,966	—	—	58,815,966
Notes deposits and commercial paper		14,300,365		14,300,365
Government and government agency securities*	—	113,706,386	—	113,706,386
Cash collateral received and reinvested in short-term securities under the securities lending agreement	—	4,730,066	—	4,730,066
Total	<u>\$ 145,469,890</u>	<u>132,736,817</u>	<u>—</u>	<u>278,206,707</u>
Investments measured at net asset value**:				
Hedge fund				\$ 23,808
Total investments				<u>\$ 278,230,515</u>
2023				
	Level 1	Level 2	Level 3	Total
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 546,241	—	—	546,241
Government bonds	22,663,148	—	—	22,663,148
Government and government agency securities	—	9,713,282	—	9,713,282
Total	<u>\$ 23,209,389</u>	<u>9,713,282</u>	<u>—</u>	<u>32,922,671</u>
Investments measured at net asset value**:				
Hedge fund				\$ 39,884
Total investments				<u>\$ 32,962,555</u>

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

*Includes securities pledged to creditors pursuant to securities lending program (see note 5).

**In accordance with U.S. GAAP, certain investments that are measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following summarizes liquidity considerations for investments measured at fair value that calculate net asset value per share:

		December 31, 2024		
		Fair value	Unfunded commitments	Redemption frequency
				Redemption period
Investments:				
Hedge fund	\$	23,808	—	Illiquid
				N/A

		December 31, 2023		
		Fair value	Unfunded commitments	Redemption frequency
				Redemption period
Investments:				
Hedge fund	\$	39,884	—	Illiquid
				N/A

Generally, liquidity of hedge funds varies based upon several factors and include “gates,” “holdbacks,” and “side pockets” imposed by the investment manager.

(5) Securities Lending

The Fund’s investment activities include securities lending. Securities lending involves the lending of securities to institutional investors in exchange for collateral in the form of cash of at least 102% of the fair market value of the loaned instruments. Cash is invested in short-term investments. While these financial instrument lending transactions may expose the Fund to credit and market risks in the event that the borrower is unable to fulfill its contractual obligations, the collateral held and the nature of the bank’s program, including oversight and controls, provides additional risk management features.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

At December 31, 2024 and 2023, the collateral held and fair market values of loaned securities were as follows:

	<u>2024</u>	<u>2023</u>
Cash collateral held and reinvested in investments:		
Reinvested cash collateral, at market value	\$ 4,730,066	—
Total collateral at market value	<u>\$ 4,730,066</u>	<u>—</u>
Fair market value of loaned securities:		
Government and government agency securities	<u>4,632,532</u>	—
Total fair market value of loaned securities	<u>\$ 4,632,532</u>	<u>—</u>

(6) Tax Status

The Fund received a determination letter from the Internal Revenue Service dated April 5, 2002 stating that the Fund is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Fund is required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Fund has been amended since receiving the determination letter. However, Fund's management and legal counsel believe that the Fund currently is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the related trust is tax exempt.

U.S. GAAP requires management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to federal income tax examinations for years prior to 2021.

(7) Termination of the Plan

Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. If the Fund is terminated, the Fund will pay benefits that participants are entitled to receive under the terms of the Plan. Participants do not have a vested or nonforfeitable right to receive benefits under the Plan.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(8) Benefit Payments

Benefits payments for the years ended December 31, 2024 and 2023 consist of the following:

	<u>2024</u>	<u>2023</u>
Net benefits:		
Hospital and health	\$ 2,054,889,606	1,864,139,316
Disability	60,058,893	57,666,168
Life insurance and accidental death	9,049,743	11,560,149
Provision for camp, scholarships and other	<u>15,586,862</u>	<u>15,040,021</u>
	<u>\$ 2,139,585,104</u>	<u>1,948,405,654</u>

(9) Related Party Transactions

The Fund, the 1199SEIU Health Care Employees Pension Fund and certain other related 1199SEIU Funds (collectively the Related Funds) are administered by the same management personnel and share the same office space as well as personnel and other administrative expenses.

Administrative expenses are paid by the Fund for all related plans. Expenses are then pooled and allocated among the Related Funds based on an allocation study reviewed by an external consultant. The 2024 allocations were based on an allocation study that was approved on December 13, 2023 and the 2023 allocations were based on an allocation study that was approved on December 14, 2021. The amount of administrative expenses allocated to the Related Funds approximated \$107 million and \$107 million for the years ended December 31, 2024 and 2023, respectively. For the years ended December 31, 2024 and 2023, the amount of administrative expenses allocated to and retained by the Fund approximated \$92 million and \$87 million, respectively. This excludes allocated rent which is disclosed in Note (10).

Contributions Received

The Fund has included as part of employer contributions in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, approximately \$50.5 million and \$43.3 million, respectively, of contributions for its own eligible employees.

The Fund received employer contributions of approximately \$29.7 million and \$20.4 million from the Union for its employees' medical benefits, for the years ended December 31, 2024 and 2023, respectively.

Due to related entities includes Enhanced ATI Funding due to GNYBF for a total of \$27.8 million and \$29.0 million at December 31, 2024 and 2023, respectively.

(10) Operating Leases

The Fund is obligated under several noncancellable operating leases for facilities that expire at various dates over the next 25 years. Included in these leases are leases that generally convert to month to month after the lease term and do not provide a purchase option. Because they convert to month to month where with a months' notice either party can cancel the lease, the options are not considered in determining the lease term, and any associated potential option payments are excluded from lease payments. The Fund's leases

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

generally do not include termination options for either party to the lease or restrictive financial or other covenants.

The Fund leases its headquarter offices, as well as various regional offices (See Note 11, Tables A and B). All the leases' rental payments are fixed. However, some of the leases also include variable rental payments such as payments for the Fund's proportionate share of the building's property taxes, insurance, and common area maintenance. In addition, many of the Fund's leases include optional short-term renewal periods. Upon opening a new office space, the Fund typically installs certain leasehold improvements with a useful life of approximately eight years. To the extent that the initial term of the related lease is less than the useful life of the leasehold improvements, the Fund concludes that it is reasonably certain that a renewal option will be exercised, and thus that renewal period is included in the lease term, and the related payments are reflected in the ROU asset and lease liability. Generally, the Fund does not consider any additional renewal periods to be reasonably certain of being exercised, as comparable locations could generally be identified within the same trade areas for comparable lease rates.

The operating lease expense for the year ended December 31, 2024 is approximately \$15 million. The amounts reported as operating lease right of use asset and operating lease liability in the statement of net assets available for benefits as of December 31, 2024 is approximately \$527 million and \$610 million, respectively. As of December 31, 2024, the weighted-average remaining lease term for the operating leases is 24.8 years.

The Fund utilizes a risk-free discount rate using a period comparable with that of the lease term based on the Daily Treasury Par Yield Curve Rates - from the U.S Department of the Treasury. The weighted average discount rate associated with operating leases as of December 31, 2024 is 2.01%.

Future minimum lease payments under leases are as follows:

<u>Due in</u>	December 31, 2024 (ASC 842)
2025	\$ 27,426,637
2026	28,029,144
2027	28,058,879
2028	28,085,969
2029	28,100,254
Thereafter	<u>646,213,937</u>
Total undiscounted lease payment	785,914,820
Less imputed interest	<u>(176,127,079)</u>
Total Lease Liability	<u>\$ 609,787,741</u>

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

At December 31, 2024 and 2023, straight-line rent expense totaled approximately \$15 million and \$14 million, respectively. Lease incentive receivable due from the lessor totaled approximately \$8.9 million at December 31, 2024 and 2023.

(11) Commitments and Contingencies

Lease Obligations

An operating lease agreement was executed on May 16, 2017 covering 30 years (with a right to terminate at the end of 20 years) at a new location, with a lease commencement date of March 1, 2019 and a rent commencement date of March 31, 2020 (the "498 Seventh Ave Lease"). The lease is between 498 SEVENTH, LLC (George Comfort & Sons, Inc.) and M2M HOLDINGS LLC ("M2M"). M2M is a Limited Liability Company formed, solely for the purpose of the lease, by the Fund, which is the Sole Member. M2M subleases part of the space to the Union and the rest is allocated among the Related Funds based on an allocation study reviewed by an external consultant (See note 12).

In addition, the Fund serves as guarantor of the lease obligations under the terms of the 498 Seventh Ave Lease. The Fund entered into a letter of credit agreement on behalf of George Comfort & Sons with Northern Trust as required by the terms of the lease for which securities held by the Fund were used as collateral to the letter of credit in the amount of \$15 million for 2024 and \$18 million for 2023. The letter of credit is renewed annually, March 31 of each year with a final expiration date of August 1, 2030.

For the 498 Seventh Avenue lease, the Union subleases approximately 31% of the space, and the remaining is allocated among the Related Funds based on an allocation study reviewed by an external consultant. At December 31, 2024, the Fund's future minimum lease payments required under this lease is as follows:

(A) 498 Seventh Avenue:

	<u>M2M Holdings LLC</u>	<u>69.49 % Fund's Share</u>	<u>30.51 % Union's Share</u>
Year ending December 31:			
2025	38,247,083	26,577,898	11,669,185
2026	38,972,819	27,082,212	11,890,607
2027	38,982,361	27,088,843	11,893,518
2028	38,992,094	27,095,606	11,896,488
2029	39,002,022	27,102,505	11,899,517
Thereafter	<u>923,561,950</u>	<u>641,783,199</u>	<u>281,778,751</u>
Total minimum lease payments	\$ <u>1,117,758,329</u>	<u>776,730,263</u>	<u>341,028,066</u>

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(B) Other locations:

Year ending December 31:

2025	848,740
2026	946,932
2027	970,036
2028	990,363
2029	997,749
Thereafter	4,430,737

Total minimum lease payments	\$ 9,184,557
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All rent expense is paid by the Fund. These are then pooled and allocated among the Related Funds based on an allocation study reviewed by an external consultant. Rental expense (after allocation to Related Funds) relating to all existing operating subleases and leases for the years ended December 31, 2024 and 2023 approximated \$15.5 million and \$11.4 million, respectively.

Deferred Compensation

The Fund has two deferred compensation plans for a select group of management employees of the Fund. These plans provide a systematic savings program for eligible employees and are distributed upon the date selected pursuant to the Participant's Deferral Agreement or termination or retirement.

Under these plans, eligible employees may elect to defer receipt of a portion of their compensation up to a maximum of \$23,000 and \$22,500 for the years ended December 31, 2024 and 2023. The amounts contributed under both plans are invested solely in mutual funds and such assets are restricted for use and may not be used for the general purposes of the Fund. However, until benefits are distributed, all compensation deferred under the plans, all property and rights purchased with such amounts, and all income attributable to such amounts, property or rights shall remain solely the property and rights of the Fund.

Assets of these plans totaled approximately \$8 million as of December 31, 2024 and 2023, respectively. Such assets and the related liabilities are included in prepaid expenses and other assets and accounts payable and accrued expenses, respectively, in the accompanying statements of net assets available for benefits.

(12) 3BF

As described in Note 11, the 498 Seventh Ave Lease was entered into between 498 SEVENTH, LLC (George Comfort & Sons, Inc.) and M2M Holdings LLC (M2M), a wholly owned subsidiary of the Fund. The employees of the Fund occupy a portion of the leased space, and accordingly, M2M allocates a portion of the rent expenses to the Fund. In connection with the occupation of the lease space, a Limited Liability Company called 3BF Partners LLC ("3BF") was formed. The members of 3BF are: i) the Fund, ii) GNYBF and iii) 1199SEIU National Benefit Fund for Home Care Employees ("HCBF"). The members remit their respective share of real estate build out costs incurred for the lease to 3BF. 3BF has incurred real estate build out costs of approximately \$99 million as of December 31, 2024 and 2023. The Fund's allocated portion of the build out costs is \$81 million as of December 31, 2024 and 2023, representing approximately 81.6% of the total costs incurred. GNYBF and HCBF each have been allocated the remaining costs. The build out costs started

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

depreciation in 2020 when the assets were placed in service and are being depreciated over the shorter of the lease term or their useful lives.

The Fund's 3BF balance has been reduced by the allocated share of accumulated depreciation in the amount of \$22 million and \$17 million for 2024 and 2023, respectively, for a net amount of \$59 million and \$64 million as of December 31, 2024 and 2023, respectively. In addition, the Fund's allocated share of depreciation expense relating to the build out costs paid to 3BF was approximately \$2 million and \$3 million for 2024 and 2023, respectively.

(13) Participation in Multiemployer Plans

(a) Defined Benefit Pension Plan

The Fund's employees are covered under the 1199SEIU Health Care Employees Pension Fund ("NPF"), a multi-employer 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.

Pension contributions are made based on a percentage of eligible salaries paid by the Fund. The NPF contribution rate applicable to the Fund for the period starting October 2021 through September 30, 2026 is 11.30% of gross payroll.

The Fund's participation in NPF for the years ended December 31, 2024 and 2023, is outlined in the table below. Unless otherwise noted, the Pension Protection Act (PPA) zone status noted below is for the Plan years beginning January 1, 2025 and 2024, respectively. The zone status is certified by the Plans' actuaries. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the Plan. The last column lists the expiration date of the collective-bargaining agreement to which the Plan is subject. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

Pension Fund	EIN/ Pension plan number	PPA Zone status		FIP/RP status pending/ implemented	Contributions from the Plan in '000		Surcharge imposed	Expiration date of collective- bargaining agreement*
		2025	2024		2024	2023		
1199SEIU Health care Employees Pension Fund	13-3604862/1	Green as of 1/1/2025	Green as of 1/1/2024	N/A	\$ 3,764	3,301.0	No	9/30/2026

*The Collective Bargaining Agreement can be reopened at the request of the League or Union upon the occurrence of certain events.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(b) Defined Contribution Retirement Plan

All full-time employees of the Fund are also eligible to be participants in the 1199SEIU National Benefit Fund and Affiliated Organizations 401(k) Plan (the 401(k) Plan). The 401(k) Plan is a defined contribution, participant-directed account plan. Participants may elect to make pretax contributions to the 401(k) Plan, through regular payroll deductions, in amounts from 1% to 100% of their base salary (as defined by the 401(k) Plan) subject to the maximum allowable under the Code. The Fund currently does not make any employer matching contributions. Participants are immediately fully vested in their contributions plus actual earnings thereon.

(14) Furniture, Equipment, and Leasehold Improvements, Net

At December 31, 2024 and 2023, furniture, equipment, and leasehold improvements, net, comprise the following:

	<u>2024</u>	<u>2023</u>
Leasehold improvements – Offsite	\$ 403,891	118,496
Computer equipment and software	<u>136,056,089</u>	<u>128,439,978</u>
Total	136,459,980	128,558,474
Accumulated depreciation and amortization	<u>(118,221,840)</u>	<u>(112,670,890)</u>
Net book value	<u>\$ 18,238,140</u>	<u>15,887,584</u>

Depreciation and amortization expense (before allocation to other funds) amounted to approximately \$5.5 million and \$5.2 million in 2024 and 2023, respectively. The Fund's allocated share of depreciation and amortization expense amounted to approximately \$2.9 million and \$2.7 million in 2024 and 2023, respectively.

(15) Revolving Line of Credit

On January 30, 2020, the Fund entered into a \$50 million revolving line of credit agreement with a bank, with an initial maturity date of January 29, 2022. In April 2022 the Fund extended the maturity date to April 30, 2024. In April 2024 the Fund extended the maturity date to April 30, 2026.

The purpose of the line is to maintain liquidity and ensure the payment of benefits as they become due. The borrowing base of this line is the lesser of \$50 million or the sum of up to 65% of the value of eligible contributions. Any amounts borrowed bears interest at a rate per annum equal to the greater of (i) the Prime Rate minus one half percent (0.50%) and (ii) two and three quarters percent (2.75%).

The Fund also bears an unused line fee equal to one half of one percent (0.50%) per annum of the average daily unused portion of the Maximum Revolving Amount. During 2024 and 2023, the Fund utilized \$0.0 million and \$14 million from the line, respectively.

There was no outstanding balance as of December 31, 2024. During 2024 and 2023, the Fund incurred interest and fees of \$360,000 and \$471,000, respectively.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(16) Concentration of Credit Risk

Financial instruments that subject the Fund to concentration of credit risk include cash and short-term investments. While the Fund attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

As of December 31, 2024, approximately 8% of the Fund's total gross employer contribution receivable was due from one organization. As of December 31, 2023, approximately 10% of the Fund's total gross employer contribution receivable was due from one organization.

The Fund's investments are custodied at one financial institution. Fund management's opinion is that the financial institutions used by the Fund do not constitute a significant risk to the Fund.

(17) Risks and Uncertainties

Preparing financial statements requires management to make estimates and assumptions about current, and for some cases future, economic and market conditions which affect reported amounts and related disclosures in the financial statements. Although current estimates and assumptions contemplate current as well as estimated future conditions, as applicable, it is reasonably possible that in the near term those estimates, and assumptions could change which would have a material impact on amounts currently reported. These changes would impact future financial statements in accordance with U.S. GAAP. Examples of some of the more significant assumptions and estimates are as follows.

Due to various risks (e.g., interest rate, market and credit risks) associated with investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term that could materially affect the amounts reported in the statements of net assets available for benefits.

In establishing the fair value of a hedge fund, the administrator takes into consideration information about the net asset values from the audited financial statements of the underlying investments. Because of inherent uncertainty of the valuation, this estimated fair value may differ significantly from the value that would have been used had a ready market for the investment existed, and the difference could be material.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

Due to COVID-19, effective March 24, 2020, a resolution was executed that temporarily amended the Plan to waive the application of the Suspension of Benefits rule to Returning Retirees. This temporary amendment has since been reviewed and was temporarily extended to cover through Plan year 2023 due to the shortage of healthcare workers in the State of New York. The temporary amendment expired at the end of the 2023 plan year.

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

In February 2024, Change Healthcare, a subsidiary of UnitedHealth Group, determined it had been the victim of cyberattack and recommended all users of their software disconnect to prevent further impact. The Fund utilized Change Healthcare for certain facets of its benefits operations, including benefit payments. This incident resulted in a temporary disruption in benefit payments. All payment processing was restored in April 2024.

(18) Reconciliation of Financial Statements to Form 5500

The following table reconciles net assets available for benefits per the financial statements to Form 5500:

	Year ended December 31	
	2024	2023
Net assets available for benefits per the financial statements	\$ 844,659,067	584,409,532
Less claims payable, claims incurred but not reported, and other benefit obligations	<u>(353,429,657)</u>	<u>(309,054,520)</u>
Net assets available for benefits per Form 5500	<u>\$ 491,229,410</u>	<u>275,355,012</u>

Claims payable, claims incurred but not reported and other benefit obligations are reflected as benefit obligations for financial statement purposes but are recorded as liabilities per Form 5500 purposes.

	Year ended December 31	
	2024	2023
Benefits paid per the financial statements	\$ 2,139,585,104	1,948,405,654
Add claims payable, claims incurred but not reported, and other benefit obligations, at end of year	353,429,657	309,054,520
Less claims payable, claims incurred but not reported, and other benefit obligations, at beginning of year	<u>(309,054,520)</u>	<u>(305,464,043)</u>
Benefits paid per Form 5500	<u>\$ 2,183,960,241</u>	<u>1,951,996,131</u>

**1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**

Notes to Financial Statements

December 31, 2024 and 2023

(19) Subsequent Events

Subsequent to December 31, 2024 and through October 15, 2025, the date the financial statements were available to be issued, management evaluated subsequent events and concluded that there were no additional subsequent events to be disclosed.

SUPPLEMENTAL SCHEDULES

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)			(d)			(e)
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
*	Short-term investments							
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT			3,050,000	\$ 2,973,409	\$ 2,996,439	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LN BKS			9,450,000	9,230,697	9,351,032	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DISC NT 01-31-2025	0.00%	1/31/2025	1,960,000	1,946,283	1,952,894	
	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		86,653,924	86,653,924	86,653,924	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS			36,245,000	35,591,017	36,029,519	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS			23,090,000	22,633,287	22,786,447	
					160,448,924	\$ 159,028,617	\$ 159,770,255	
	Short-term investments total				160,448,924	\$ 159,028,617	\$ 159,770,255	
	Government and government agency securities							
	DISCORD INC	FEDERAL FARM CR BKS FLTGT RATE 12-29-2025			3,110,000	\$ 3,114,824	\$ 3,114,586	
	FANNIE MAE	FEDERAL FARM CR BKS FLTGT RT 06-22-2026			3,770,000	3,770,000	3,769,806	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FANNIE MAE FLTGT RT 08-21-2026			26,607,000	26,612,641	26,613,351	
	FEDERAL FARM CREDIT BANK	FANNIE MAE FLTGT RT 12-11-2026	4.54%	8/14/2025	1,085,000	1,085,302	1,085,122	
	FEDERAL FARM CREDIT BANK	FEDERAL FARM CREDIT BANK FLTGT 10-03-2025	4.67%	10/3/2025	3,000,000	3,007,069	3,005,219	
	FEDERAL FARM CREDIT BANK	FEDERAL FARM CREDIT BANK FLTGT 01-02-2026	4.43%	1/2/2026	3,824,000	3,816,128	3,826,951	
	FEDERAL FARM CREDIT BANK	FEDERAL FARM CREDIT BANK FLTGT 10-09-2026	4.51%	10/9/2026	3,000,000	3,000,000	3,000,570	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT			9,093,000	9,086,630	9,093,097	
	FEDERAL HOME LN BKS	FEDERAL HOME LN BKS FLTGT RT 07-10-2025	4.53%	7/10/2025	500,000	500,395	500,323	
	FEDERAL HOME LN BKS	FEDERAL HOME LN BKS FLTGT 11-14-2025	4.53%	11/14/2025	2,000,000	2,001,105	2,002,376	
	FEDERAL HOME LN BKS	FEDERAL HOME LN BKS FLTGT 01-02-2026	4.61%	1/2/2026	445,000	445,210	445,325	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP .59% 10-08-2025	0.59%	10/8/2025	2,700,000	2,621,700	2,625,439	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTGT RT 03-05-2026	4.48%	3/5/2026	1,250,000	1,250,000	1,250,184	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTGT 04-02-2026	4.58%	4/2/2026	1,200,000	1,200,000	1,199,870	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTGT RT 07-21-2025	4.53%	7/21/2025	2,000,000	2,001,830	2,001,735	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK .625% 12-18-2025	0.63%	12/18/2025	1,700,000	1,639,273	1,641,802	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTGT RT 02-02-2026	4.46%	2/2/2026	3,625,000	3,625,000	3,625,567	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTGT RT 02-19-2026	4.46%	2/19/2026	3,375,000	3,375,000	3,375,503	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTGT RT 04-10-2026	4.48%	4/10/2026	1,500,000	1,499,584	1,500,304	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 8/9/2024 4.45% 02-09-2026	4.47%	2/9/2026	1,270,000	1,270,000	1,270,202	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 10/30/2024 4.46% 05-07-2026	4.48%	5/7/2026	1,600,000	1,600,000	1,599,793	
	FNMA	FNMA .7% DUE 07-14-2025	0.70%	7/14/2025	1,280,000	1,235,533	1,255,534	
	FNMA	FNMA DTD 8/25/2020 .65% 08-25-2025	0.65%	8/25/2025	1,270,000	1,220,846	1,240,682	
	FNMA	FNMA FLTGT RT 09-11-2026	4.51%	9/11/2026	1,860,000	1,860,000	1,859,926	
	FNMA	FNMA FLTGT 10-23-2026	4.51%	10/23/2026	2,900,000	2,899,738	2,899,368	
	FNMA	FNMA FLTGT RT 11-20-2026	4.51%	11/20/2026	3,720,000	3,720,000	3,720,092	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES FLTGT RT 01-31-2025	4.48%	1/31/2025	835,000	835,394	835,027	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 3.875%04-30-2025	3.88%	4/30/2025	5,470,000	5,439,395	5,461,709	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.625%06-30-2025 REG	4.63%	6/30/2025	1,870,000	1,867,277	1,874,500	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 09/30/2020 .25% 09-30-2025	0.25%	9/30/2025	6,400,000	6,181,242	6,213,949	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	5.00%	9/30/2025	2,200,000	2,212,453	2,211,481	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 10/31/2020 .25% 10-31-2025	0.25%	10/31/2025	1,870,000	1,801,595	1,809,722	
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.875%11-30-2025	4.88%	11/30/2025	630,000	632,953	633,411	
	UNITED STATES TREAS NTS	UNITED STS TREAS 0.375% 12-31-2025	0.38%	12/31/2025	1,870,000	1,797,318	1,800,649	
	UNITED STATES TREAS NTS	UNITED STATES TREAS NTS 4.25% 12-31-2025	4.25%	12/31/2025	1,870,000	1,869,789	1,870,453	
	US TREASURY N/B	UNITED STATES TREAS NTS 2.875% TNOTE 07-31-2025	2.88%	7/31/2025	3,500,000	3,437,539	3,472,758	
					114,199,000	\$ 113,532,763	\$ 113,706,386	
	Government and government agency securities total				114,199,000	\$ 113,532,763	\$ 113,706,386	

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)			(d)			(e)
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
	Hedge funds							
		GROSVENOR FARIA FUND, LP	0.00%		1 \$	1 \$	23,808	
	Hedge funds total				1 \$	1 \$	23,808	
	Securities Lending							
	FEDERAL HOME LOAN BANKS	Agency Bd/Note	4.47%		54,321	54,321	54,321	
	FFCB	Agency Bd/Note	4.42%	1/2/2025	16,304	16,304	16,304	
	FFCB	Agency Bd/Note	4.44%	1/2/2025	5,435	5,435	5,435	
	FFCB	Agency Bd/Note	4.45%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.46%	1/2/2025	182,087	182,087	182,087	
	FFCB	Agency Bd/Note	4.46%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.47%	1/2/2025	40,765	40,765	40,765	
	FFCB	Agency Bd/Note	4.47%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.48%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.49%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	47,560	47,560	47,560	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.51%	1/2/2025	59,789	59,789	59,789	
	FFCB	Agency Bd/Note	4.52%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.54%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.55%	1/2/2025	54,354	54,354	54,354	
	FHLB	Agency Bd/Note	4.38%	1/2/2025	81,531	81,531	81,531	
	FHLB	Agency Bd/Note	4.39%	1/2/2025	135,886	135,886	135,886	
	FHLB	Agency Bd/Note	4.40%	1/2/2025	54,354	54,354	54,354	
	FHLB	Agency Bd/Note	4.55%	1/2/2025	27,177	27,177	27,177	
	FHLB	Agency Bd/Note	5.22%		13,588	13,588	13,588	
	FHLB	Agency Bd/Note	5.30%		54,354	54,354	54,354	
	FHLB	Agency Disc't Nt	4.41%		26,784	26,784	26,784	
	FHLB	Agency Disc't Nt	4.48%		54,073	54,073	54,073	
	FHLB	Agency Disc't Nt	4.48%		27,013	27,013	27,013	
	FHLMC	Agency Bd/Note	4.48%	1/2/2025	13,588	13,588	13,588	
	FHLMC	Agency Bd/Note	4.51%	1/2/2025	13,588	13,588	13,588	
	FNMA	Agency Bd/Note	4.51%	1/2/2025	46,201	46,201	46,201	
	IDLE CASH DI		0.00%		81,531	81,531	81,531	
	TREASURY BILL	Treasury Bill	4.35%		27,000	27,000	27,000	
	TREASURY BILL	Treasury Bill	4.36%		40,591	40,591	40,591	
	TREASURY BILL	Treasury Bill	4.50%		13,392	13,392	13,392	
	TREASURY BILL	Treasury Bill	4.51%		592,360	592,360	592,360	
	TREASURY BILL	Treasury Bill	4.54%		67,368	67,368	67,368	
	TREASURY BILL	Treasury Bill	4.54%		27,010	27,010	27,010	
	TREASURY BILL	Treasury Bill	4.55%		54,266	54,266	54,266	
	TREASURY BILL	Treasury Bill	4.56%		26,970	26,970	26,970	
	TREASURY BILL	Treasury Bill	4.57%		108,694	108,694	108,694	
	TREASURY BILL	Treasury Bill	4.58%		26,992	26,992	26,992	
	TREASURY BILL	Treasury Bill	4.64%		13,551	13,551	13,551	
	TREASURY BILL	Treasury Bill	4.66%		13,575	13,575	13,575	
	TRI-PARTY BANK OF AMERICA NA	Repo.Agm'ts.	4.46%		135,885	135,885	135,885	
	TRI-PARTY BARCLAYS BANK PLC	Repo.Agm'ts.	4.30%		641,378	641,378	641,378	
	TRI-PARTY CANADIAN IMPERIAL BANK O	Repo.Agm'ts.	4.31%		135,885	135,885	135,885	
	TRI-PARTY CITIGROUP GLOBAL MARKETS	Repo.Agm'ts.	4.46%		641,378	641,378	641,378	
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agm'ts.	4.47%		135,885	135,885	135,885	
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agm'ts.	4.49%		271,770	271,770	271,770	
	TRI-PARTY ROYAL BANK OF CANADA (NE	Repo.Agm'ts.	4.31%		135,885	135,885	135,885	
	TRI-PARTY SOCIETE GENERALE (NEW YO	Repo.Agm'ts.	4.46%		366,889	366,889	366,889	

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)			
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value
	Securities Lending total				4,730,066	\$ 4,730,066	\$ 4,730,066
					4,730,066	\$ 4,730,066	\$ 4,730,066
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		107,601,036	\$ 107,601,036	\$ 107,601,036
	Interest bearing cash total				107,601,036	\$ 107,601,036	\$ 107,601,036
	Total assets held				386,979,027	\$ 384,892,483	\$ 385,831,551

* Party-in-interest

See accompanying independent auditors' report

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Acquisitions	1	\$ 1,499,780	-	\$ -	\$ 1,499,780	\$ 1,499,780	\$ -
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Dispositions	-	\$ -	1	\$ (1,500,000)	\$ 1,499,780	\$ 1,500,000	220
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Acquisitions	1	\$ 23,409,695	-	\$ -	\$ 23,409,695	\$ 23,409,695	-
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Dispositions	-	\$ -	1	\$ (23,420,000)	\$ 23,409,695	\$ 23,420,000	10,305
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Acquisitions	1	\$ 23,426,564	-	\$ -	\$ 23,426,564	\$ 23,426,564	-
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Dispositions	-	\$ -	1	\$ (23,430,000)	\$ 23,426,564	\$ 23,430,000	3,436
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Acquisitions	1	\$ 6,689,024	-	\$ -	\$ 6,689,024	\$ 6,689,024	-
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Dispositions	-	\$ -	1	\$ (6,690,000)	\$ 6,689,024	\$ 6,690,000	976
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Acquisitions	1	\$ 5,049,266	-	\$ -	\$ 5,049,266	\$ 5,049,266	-
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Dispositions	-	\$ -	1	\$ (5,050,000)	\$ 5,049,266	\$ 5,050,000	734
FEDERAL HOME LN BK DISC NT 06-28-2024	Acquisitions	1	\$ 9,328,637	-	\$ -	\$ 9,328,637	\$ 9,328,637	-
FEDERAL HOME LN BK DISC NT 06-28-2024	Dispositions	-	\$ -	1	\$ (9,330,000)	\$ 9,328,637	\$ 9,330,000	1,363
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Acquisitions	1	\$ 2,800,000	-	\$ -	\$ 2,800,000	\$ 2,800,000	-
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Dispositions	-	\$ -	2	\$ (2,799,986)	\$ 2,800,000	\$ 2,799,986	(14)
FEDERAL HOME LOAN BANKS 03-07-2025	Acquisitions	2	\$ 6,808,229	-	\$ -	\$ 6,808,229	\$ 6,808,229	-
FEDERAL HOME LOAN BANKS 03-07-2025	Dispositions	-	\$ -	3	\$ (6,808,229)	\$ 6,808,229	\$ 6,808,229	-
FEDERAL HOME LN BK CONS DISC NTS 06-06-2024	Acquisitions	1	\$ 20,996,938	-	\$ -	\$ 20,996,938	\$ 20,996,938	-
FEDERAL HOME LN BK CONS DISC NTS 06-06-2024	Dispositions	-	\$ -	1	\$ (21,000,000)	\$ 20,996,938	\$ 21,000,000	3,062
FEDERAL HOME LN BK CONS DISC NTS 06-07-2024	Acquisitions	1	\$ 16,457,600	-	\$ -	\$ 16,457,600	\$ 16,457,600	-
FEDERAL HOME LN BK CONS DISC NTS 06-07-2024	Dispositions	-	\$ -	1	\$ (16,460,000)	\$ 16,457,600	\$ 16,460,000	2,400
FEDERAL HOME LN BK CONS DISC NTS 06-10-2024	Acquisitions	1	\$ 16,462,781	-	\$ -	\$ 16,462,781	\$ 16,462,781	-
FEDERAL HOME LN BK CONS DISC NTS 06-10-2024	Dispositions	-	\$ -	1	\$ (16,470,000)	\$ 16,462,781	\$ 16,470,000	7,219
FEDERAL HOME LN BK CONS DISC NTS 06-12-2024	Acquisitions	1	\$ 15,667,710	-	\$ -	\$ 15,667,710	\$ 15,667,710	-
FEDERAL HOME LN BK CONS DISC NTS 06-12-2024	Dispositions	-	\$ -	1	\$ (15,670,000)	\$ 15,667,710	\$ 15,670,000	2,290
FEDERAL HOME LN BK CONS DISC NTS 06-13-2024	Acquisitions	1	\$ 2,219,677	-	\$ -	\$ 2,219,677	\$ 2,219,677	-
FEDERAL HOME LN BK CONS DISC NTS 06-13-2024	Dispositions	-	\$ -	1	\$ (2,220,000)	\$ 2,219,677	\$ 2,220,000	323
FEDERAL HOME LN BK CONS DISC NTS 06-20-2024	Acquisitions	1	\$ 9,297,287	-	\$ -	\$ 9,297,287	\$ 9,297,287	-
FEDERAL HOME LN BK CONS DISC NTS 06-20-2024	Dispositions	-	\$ -	1	\$ (9,300,000)	\$ 9,297,287	\$ 9,300,000	2,713
FEDERAL HOME LN BK CONS DISC NTS 06-25-2024	Acquisitions	1	\$ 10,323,986	-	\$ -	\$ 10,323,986	\$ 10,323,986	-
FEDERAL HOME LN BK CONS DISC NTS 06-25-2024	Dispositions	-	\$ -	1	\$ (10,330,000)	\$ 10,323,986	\$ 10,330,000	6,014
FEDERAL HOME LN BK CONS DISC NTS 07-05-2024	Acquisitions	1	\$ 31,010,918	-	\$ -	\$ 31,010,918	\$ 31,010,918	-
FEDERAL HOME LN BK CONS DISC NTS 07-05-2024	Dispositions	-	\$ -	1	\$ (31,020,000)	\$ 31,010,918	\$ 31,020,000	9,082
FEDERAL HOME LN BK CONS DISC NTS 07-11-2024	Acquisitions	1	\$ 6,799,005	-	\$ -	\$ 6,799,005	\$ 6,799,005	-
FEDERAL HOME LN BK CONS DISC NTS 07-11-2024	Dispositions	-	\$ -	1	\$ (6,800,000)	\$ 6,799,005	\$ 6,800,000	995
FEDERAL HOME LN BK CONS DISC NTS 08-01-2024	Acquisitions	1	\$ 1,199,825	-	\$ -	\$ 1,199,825	\$ 1,199,825	-
FEDERAL HOME LN BK CONS DISC NTS 08-01-2024	Dispositions	-	\$ -	1	\$ (1,200,000)	\$ 1,199,825	\$ 1,200,000	175
FEDERAL HOME LN BK CONS DISC NTS 08-12-2024	Acquisitions	1	\$ 929,591	-	\$ -	\$ 929,591	\$ 929,591	-
FEDERAL HOME LN BK CONS DISC NTS 08-12-2024	Dispositions	-	\$ -	1	\$ (930,000)	\$ 929,591	\$ 930,000	409
FEDERAL HOME LN BK CONS DISC NTS 08-13-2024	Acquisitions	1	\$ 959,859	-	\$ -	\$ 959,859	\$ 959,859	-
FEDERAL HOME LN BK CONS DISC NTS 08-13-2024	Dispositions	-	\$ -	1	\$ (960,000)	\$ 959,859	\$ 960,000	141
FEDERAL HOME LN BK CONS DISC NTS 08-21-2024	Acquisitions	1	\$ 3,929,427	-	\$ -	\$ 3,929,427	\$ 3,929,427	-
FEDERAL HOME LN BK CONS DISC NTS 08-21-2024	Dispositions	-	\$ -	1	\$ (3,930,000)	\$ 3,929,427	\$ 3,930,000	573
FEDERAL HOME LN BK CONS DISC NTS 10-08-2024	Acquisitions	1	\$ 18,427,548	-	\$ -	\$ 18,427,548	\$ 18,427,548	-
FEDERAL HOME LN BK CONS DISC NTS 10-08-2024	Dispositions	-	\$ -	1	\$ (18,430,000)	\$ 18,427,548	\$ 18,430,000	2,452
FEDERAL HOME LN BK CONS DISC NTS 10-17-2024	Acquisitions	1	\$ 1,609,788	-	\$ -	\$ 1,609,788	\$ 1,609,788	-
FEDERAL HOME LN BK CONS DISC NTS 10-17-2024	Dispositions	-	\$ -	1	\$ (1,610,000)	\$ 1,609,788	\$ 1,610,000	212

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
FEDERAL HOME LN BK CONS DISC NTS 11-21-2024	Acquisitions	1	\$ 26,996,625	-	\$ -	\$ 26,996,625	\$ 26,996,625	-
FEDERAL HOME LN BK CONS DISC NTS 11-21-2024	Dispositions	-	\$ -	1	\$ (27,000,000)	\$ 26,996,625	\$ 27,000,000	3,375
FEDERAL HOME LN BK CONS DISC NTS 12-27-2024	Acquisitions	1	\$ 1,948,130	-	\$ -	\$ 1,948,130	\$ 1,948,130	-
FEDERAL HOME LN BK CONS DISC NTS 12-27-2024	Dispositions	-	\$ -	2	\$ (1,948,130)	\$ 1,948,130	\$ 1,948,130	-
FEDERAL HOME LN BK DISC NT 0% DISC 08-22-2024	Acquisitions	1	\$ 1,729,748	-	\$ -	\$ 1,729,748	\$ 1,729,748	-
FEDERAL HOME LN BK DISC NT 0% DISC 08-22-2024	Dispositions	-	\$ -	1	\$ (1,730,000)	\$ 1,729,748	\$ 1,730,000	252
FEDERAL HOME LN BK DISC NT 05-22-2024	Acquisitions	1	\$ 1,369,799	-	\$ -	\$ 1,369,799	\$ 1,369,799	-
FEDERAL HOME LN BK DISC NT 05-22-2024	Dispositions	-	\$ -	1	\$ (1,370,000)	\$ 1,369,799	\$ 1,370,000	201
FEDERAL HOME LN BK DISC NT 05-30-2024	Acquisitions	1	\$ 1,499,781	-	\$ -	\$ 1,499,781	\$ 1,499,781	-
FEDERAL HOME LN BK DISC NT 05-30-2024	Dispositions	-	\$ -	1	\$ (1,500,000)	\$ 1,499,781	\$ 1,500,000	219
FEDERAL HOME LN BK DISC NT 06-11-2024	Acquisitions	1	\$ 16,467,594	-	\$ -	\$ 16,467,594	\$ 16,467,594	-
FEDERAL HOME LN BK DISC NT 06-11-2024	Dispositions	-	\$ -	1	\$ (16,470,000)	\$ 16,467,594	\$ 16,470,000	2,406
FEDERAL HOME LN BK DISC NT 06-21-2024	Acquisitions	1	\$ 10,328,494	-	\$ -	\$ 10,328,494	\$ 10,328,494	-
FEDERAL HOME LN BK DISC NT 06-21-2024	Dispositions	-	\$ -	1	\$ (10,330,000)	\$ 10,328,494	\$ 10,330,000	1,506
FEDERAL HOME LN BK DISC NT 06-26-2024	Acquisitions	1	\$ 7,268,938	-	\$ -	\$ 7,268,938	\$ 7,268,938	-
FEDERAL HOME LN BK DISC NT 06-26-2024	Dispositions	-	\$ -	1	\$ (7,270,000)	\$ 7,268,938	\$ 7,270,000	1,062
FEDERAL HOME LN BK DISC NT 06-27-2024	Acquisitions	1	\$ 7,278,934	-	\$ -	\$ 7,278,934	\$ 7,278,934	-
FEDERAL HOME LN BK DISC NT 06-27-2024	Dispositions	-	\$ -	1	\$ (7,280,000)	\$ 7,278,934	\$ 7,280,000	1,066
FEDERAL HOME LN BK DISC NT 07-10-2024	Acquisitions	1	\$ 6,799,003	-	\$ -	\$ 6,799,003	\$ 6,799,003	-
FEDERAL HOME LN BK DISC NT 07-10-2024	Dispositions	-	\$ -	1	\$ (6,800,000)	\$ 6,799,003	\$ 6,800,000	997
FEDERAL HOME LN BK DISC NT 10-04-2024	Acquisitions	1	\$ 26,846,442	-	\$ -	\$ 26,846,442	\$ 26,846,442	-
FEDERAL HOME LN BK DISC NT 10-04-2024	Dispositions	-	\$ -	1	\$ (26,850,000)	\$ 26,846,442	\$ 26,850,000	3,558
FEDERAL HOME LN BK DISC NT 10-07-2024	Acquisitions	1	\$ 20,831,681	-	\$ -	\$ 20,831,681	\$ 20,831,681	-
FEDERAL HOME LN BK DISC NT 10-07-2024	Dispositions	-	\$ -	1	\$ (20,840,000)	\$ 20,831,681	\$ 20,840,000	8,319
FEDERAL HOME LN BK DISC NTS 0% 05-23-2024	Acquisitions	1	\$ 1,389,796	-	\$ -	\$ 1,389,796	\$ 1,389,796	-
FEDERAL HOME LN BK DISC NTS 0% 05-23-2024	Dispositions	-	\$ -	1	\$ (1,390,000)	\$ 1,389,796	\$ 1,390,000	204
FEDERAL HOME LN DISC NTS 0% 09-27-2024	Acquisitions	1	\$ 1,973,458	-	\$ -	\$ 1,973,458	\$ 1,973,458	-
FEDERAL HOME LN DISC NTS 0% 09-27-2024	Dispositions	-	\$ -	1	\$ (2,000,000)	\$ 1,973,458	\$ 2,000,000	26,542
FEDERAL HOME LN MTG CORP TRANCHE # TR 00702 RT 4.0% DUE 11-25-20	Acquisitions	1	\$ 1,489,275	-	\$ -	\$ 1,489,275	\$ 1,489,275	-
FEDERAL HOME LN MTG CORP TRANCHE # TR 00702 RT 4.0% DUE 11-25-20	Dispositions	-	\$ -	2	\$ (1,499,221)	\$ 1,489,275	\$ 1,499,221	9,946
FEDERAL HOME LOAN BANK 0% 10-09-2024	Acquisitions	1	\$ 11,918,417	-	\$ -	\$ 11,918,417	\$ 11,918,417	-
FEDERAL HOME LOAN BANK 0% 10-09-2024	Dispositions	-	\$ -	1	\$ (11,920,000)	\$ 11,918,417	\$ 11,920,000	1,583
FEDERAL HOME LOAN BANKS FLTG RT 04-10-20 25	Acquisitions	1	\$ 4,000,000	-	\$ -	\$ 4,000,000	\$ 4,000,000	-
FEDERAL HOME LOAN BANKS FLTG RT 04-10-20 25	Dispositions	-	\$ -	2	\$ (4,000,294)	\$ 4,000,000	\$ 4,000,294	294
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Acquisitions	2	\$ 2,929,149	-	\$ -	\$ 2,929,149	\$ 2,929,149	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Dispositions	-	\$ -	2	\$ (4,399,328)	\$ 4,359,612	\$ 4,399,328	39,716
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Acquisitions	1	\$ 3,838,335	-	\$ -	\$ 3,838,335	\$ 3,838,335	-
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Dispositions	-	\$ -	1	\$ (3,838,335)	\$ 3,838,335	\$ 3,838,335	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Acquisitions	2	\$ 3,233,537	-	\$ -	\$ 3,233,537	\$ 3,233,537	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Dispositions	-	\$ -	2	\$ (3,270,000)	\$ 3,233,537	\$ 3,270,000	36,463
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Acquisitions	2	\$ 2,117,032	-	\$ -	\$ 2,117,032	\$ 2,117,032	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Dispositions	-	\$ -	3	\$ (2,137,951)	\$ 2,117,032	\$ 2,137,951	20,918
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Acquisitions	1	\$ 8,199,329	-	\$ -	\$ 8,199,329	\$ 8,199,329	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Dispositions	-	\$ -	3	\$ (9,244,073)	\$ 9,172,686	\$ 9,244,073	71,387
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Acquisitions	3	\$ 7,977,228	-	\$ -	\$ 7,977,228	\$ 7,977,228	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Dispositions	-	\$ -	3	\$ (7,994,171)	\$ 7,977,228	\$ 7,994,171	16,942
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Acquisitions	1	\$ 1,468,951	-	\$ -	\$ 1,468,951	\$ 1,468,951	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Dispositions	-	\$ -	1	\$ (1,475,000)	\$ 1,468,951	\$ 1,475,000	6,049

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Acquisitions	1	\$ 3,975,360	-	\$ -	\$ 3,975,360	\$ 3,975,360	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Dispositions	-	\$ -	2	\$ (4,000,000)	\$ 3,975,360	\$ 4,000,000	24,640
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Acquisitions	1	\$ 1,621,627	-	\$ -	\$ 1,621,627	\$ 1,621,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Dispositions	-	\$ -	1	\$ (1,650,000)	\$ 1,621,627	\$ 1,650,000	28,373
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Acquisitions	1	\$ 1,031,946	-	\$ -	\$ 1,031,946	\$ 1,031,946	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Dispositions	-	\$ -	1	\$ (1,050,000)	\$ 1,031,946	\$ 1,050,000	18,054
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Acquisitions	1	\$ 3,439,492	-	\$ -	\$ 3,439,492	\$ 3,439,492	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Dispositions	-	\$ -	4	\$ (3,449,865)	\$ 3,439,492	\$ 3,449,865	10,373
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Acquisitions	2	\$ 6,178,151	-	\$ -	\$ 6,178,151	\$ 6,178,151	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Dispositions	-	\$ -	1	\$ (6,300,000)	\$ 6,178,151	\$ 6,300,000	121,849
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Acquisitions	1	\$ 3,292,838	-	\$ -	\$ 3,292,838	\$ 3,292,838	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Dispositions	-	\$ -	2	\$ (3,292,838)	\$ 3,292,838	\$ 3,292,838	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Acquisitions	3	\$ 4,708,104	-	\$ -	\$ 4,708,104	\$ 4,708,104	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Dispositions	-	\$ -	4	\$ (4,708,104)	\$ 4,708,104	\$ 4,708,104	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Acquisitions	1	\$ 3,229,969	-	\$ -	\$ 3,229,969	\$ 3,229,969	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Dispositions	-	\$ -	2	\$ (3,250,000)	\$ 3,229,969	\$ 3,250,000	20,031
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Acquisitions	1	\$ 4,265,149	-	\$ -	\$ 4,265,149	\$ 4,265,149	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Dispositions	-	\$ -	2	\$ (4,304,472)	\$ 4,265,149	\$ 4,304,472	39,323
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Acquisitions	1	\$ 1,099,680	-	\$ -	\$ 1,099,680	\$ 1,099,680	-
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Dispositions	-	\$ -	1	\$ (1,100,000)	\$ 1,099,680	\$ 1,100,000	320
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Acquisitions	2	\$ 2,555,136	-	\$ -	\$ 2,555,136	\$ 2,555,136	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Dispositions	-	\$ -	1	\$ (2,985,000)	\$ 2,962,920	\$ 2,985,000	22,080
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Acquisitions	1	\$ 8,235,514	-	\$ -	\$ 8,235,514	\$ 8,235,514	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Dispositions	-	\$ -	2	\$ (8,246,014)	\$ 8,235,514	\$ 8,246,014	10,500
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Acquisitions	1	\$ 3,685,626	-	\$ -	\$ 3,685,626	\$ 3,685,626	-
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Dispositions	-	\$ -	2	\$ (3,681,240)	\$ 3,685,626	\$ 3,681,240	(4,386)
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Acquisitions	1	\$ 3,500,108	-	\$ -	\$ 3,500,108	\$ 3,500,108	-
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Dispositions	-	\$ -	2	\$ (3,500,515)	\$ 3,500,108	\$ 3,500,515	407
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-20:	Acquisitions	2	\$ 4,800,309	-	\$ -	\$ 4,800,309	\$ 4,800,309	-
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-20:	Dispositions	-	\$ -	2	\$ (4,794,863)	\$ 4,800,309	\$ 4,794,863	(5,446)
UNITED STS TREAS 0% T-BILL 10-08-2024	Acquisitions	1	\$ 2,456,838	-	\$ -	\$ 2,456,838	\$ 2,456,838	-
UNITED STS TREAS 0% T-BILL 10-08-2024	Dispositions	-	\$ -	1	\$ (2,500,000)	\$ 2,456,838	\$ 2,500,000	43,162
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Acquisitions	1	\$ 3,677,452	-	\$ -	\$ 3,677,452	\$ 3,677,452	-
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Dispositions	-	\$ -	3	\$ (3,689,274)	\$ 3,677,452	\$ 3,689,274	11,823
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Acquisitions	2	\$ 4,775,857	-	\$ -	\$ 4,775,857	\$ 4,775,857	-
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Dispositions	-	\$ -	2	\$ (4,807,581)	\$ 4,775,857	\$ 4,807,581	31,723
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Acquisitions	2	\$ 7,338,589	-	\$ -	\$ 7,338,589	\$ 7,338,589	-
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Dispositions	-	\$ -	5	\$ (7,389,702)	\$ 7,338,589	\$ 7,389,702	51,114
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 1,648,225	-	\$ -	\$ 1,648,225	\$ 1,648,225	-
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,655,000)	\$ 1,648,225	\$ 1,655,000	6,775
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 1,884,414	-	\$ -	\$ 1,884,414	\$ 1,884,414	-
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,900,000)	\$ 1,884,414	\$ 1,900,000	15,586
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Acquisitions	2	\$ 6,003,373	-	\$ -	\$ 6,003,373	\$ 6,003,373	-
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	3	\$ (6,058,439)	\$ 6,003,373	\$ 6,058,439	55,066
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 799,347	-	\$ -	\$ 799,347	\$ 799,347	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (820,000)	\$ 799,347	\$ 820,000	20,653
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Acquisitions	2	\$ 13,519,134	-	\$ -	\$ 13,519,134	\$ 13,519,134	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Dispositions	-	\$ -	1	\$ (13,550,000)	\$ 13,519,134	\$ 13,550,000	30,866

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Acquisitions	2	\$ 7,219,250	-	\$ -	\$ 7,219,250	\$ 7,219,250	-
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Dispositions	-	\$ -	2	\$ (7,285,914)	\$ 7,219,250	\$ 7,285,914	66,663
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Acquisitions	2	\$ 7,934,414	-	\$ -	\$ 7,934,414	\$ 7,934,414	-
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Dispositions	-	\$ -	3	\$ (7,988,809)	\$ 7,934,414	\$ 7,988,809	54,395
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Acquisitions	1	\$ 1,452,597	-	\$ -	\$ 1,452,597	\$ 1,452,597	-
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Dispositions	-	\$ -	1	\$ (1,490,500)	\$ 1,452,597	\$ 1,490,500	37,903
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Acquisitions	1	\$ 8,476,367	-	\$ -	\$ 8,476,367	\$ 8,476,367	-
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Dispositions	-	\$ -	4	\$ (10,182,187)	\$ 10,137,201	\$ 10,182,187	44,987
UNITED STATES OF AMER TREAS BILL 0% T-BI LL 11-26-2024	Acquisitions	1	\$ 1,867,875	-	\$ -	\$ 1,867,875	\$ 1,867,875	-
UNITED STATES OF AMER TREAS BILL 0% T-BI LL 11-26-2024	Dispositions	-	\$ -	1	\$ (1,900,000)	\$ 1,867,875	\$ 1,900,000	32,125
UNITED STATES OF AMER TREAS BILLS 0% 0% T-BILL 01-07-2025	Acquisitions	1	\$ 2,460,251	-	\$ -	\$ 2,460,251	\$ 2,460,251	-
UNITED STATES OF AMER TREAS BILLS 0% 0% T-BILL 01-07-2025	Dispositions	-	\$ -	2	\$ (2,460,251)	\$ 2,460,251	\$ 2,460,251	-
UNITED STATES OF AMER TREAS BILLS 0% 11-14-2024	Acquisitions	1	\$ 1,559,773	-	\$ -	\$ 1,559,773	\$ 1,559,773	-
UNITED STATES OF AMER TREAS BILLS 0% 11-14-2024	Dispositions	-	\$ -	1	\$ (1,580,000)	\$ 1,559,773	\$ 1,580,000	20,227
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 12-17-2024	Acquisitions	1	\$ 2,458,846	-	\$ -	\$ 2,458,846	\$ 2,458,846	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 12-17-2024	Dispositions	-	\$ -	1	\$ (2,458,846)	\$ 2,458,846	\$ 2,458,846	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 01-21-2025	Acquisitions	1	\$ 2,954,993	-	\$ -	\$ 2,954,993	\$ 2,954,993	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 01-21-2025	Dispositions	-	\$ -	2	\$ (2,038,945)	\$ 2,038,945	\$ 2,038,945	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-03-2025	Acquisitions	1	\$ 3,915,153	-	\$ -	\$ 3,915,153	\$ 3,915,153	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-03-2025	Dispositions	-	\$ -	1	\$ (445,349)	\$ 445,349	\$ 445,349	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-23-2024	Acquisitions	1	\$ 1,649,522	-	\$ -	\$ 1,649,522	\$ 1,649,522	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-23-2024	Dispositions	-	\$ -	1	\$ (1,650,000)	\$ 1,649,522	\$ 1,650,000	478
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-22-2024	Acquisitions	2	\$ 5,028,884	-	\$ -	\$ 5,028,884	\$ 5,028,884	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-22-2024	Dispositions	-	\$ -	1	\$ (5,060,000)	\$ 5,028,884	\$ 5,060,000	31,116
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-03-2024	Acquisitions	1	\$ 4,934,500	-	\$ -	\$ 4,934,500	\$ 4,934,500	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-03-2024	Dispositions	-	\$ -	2	\$ (4,934,500)	\$ 4,934,500	\$ 4,934,500	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-21-2024	Acquisitions	1	\$ 1,645,914	-	\$ -	\$ 1,645,914	\$ 1,645,914	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-21-2024	Dispositions	-	\$ -	1	\$ (1,645,914)	\$ 1,645,914	\$ 1,645,914	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-29-2024	Acquisitions	2	\$ 2,875,517	-	\$ -	\$ 2,875,517	\$ 2,875,517	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-29-2024	Dispositions	-	\$ -	2	\$ (2,877,202)	\$ 2,875,517	\$ 2,877,202	1,685
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 12-26-2024	Acquisitions	1	\$ 1,948,009	-	\$ -	\$ 1,948,009	\$ 1,948,009	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 12-26-2024	Dispositions	-	\$ -	1	\$ (1,948,009)	\$ 1,948,009	\$ 1,948,009	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL12-10-2024	Acquisitions	1	\$ 1,563,773	-	\$ -	\$ 1,563,773	\$ 1,563,773	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL12-10-2024	Dispositions	-	\$ -	1	\$ (1,590,000)	\$ 1,563,773	\$ 1,590,000	26,227
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-20-2024	Acquisitions	1	\$ 1,013,717	-	\$ -	\$ 1,013,717	\$ 1,013,717	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-20-2024	Dispositions	-	\$ -	1	\$ (1,020,000)	\$ 1,013,717	\$ 1,020,000	6,283
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 07-25-2024	Acquisitions	1	\$ 4,969,258	-	\$ -	\$ 4,969,258	\$ 4,969,258	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 07-25-2024	Dispositions	-	\$ -	3	\$ (4,969,258)	\$ 4,969,258	\$ 4,969,258	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL01-02-2025	Acquisitions	2	\$ 6,086,449	-	\$ -	\$ 6,086,449	\$ 6,086,449	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL10-01-2024	Acquisitions	1	\$ 2,949,129	-	\$ -	\$ 2,949,129	\$ 2,949,129	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL10-01-2024	Dispositions	-	\$ -	2	\$ (2,949,129)	\$ 2,949,129	\$ 2,949,129	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL11-05-2024	Acquisitions	1	\$ 4,913,973	-	\$ -	\$ 4,913,973	\$ 4,913,973	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL11-05-2024	Dispositions	-	\$ -	3	\$ (4,913,973)	\$ 4,913,973	\$ 4,913,973	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL12-12-2024	Acquisitions	1	\$ 2,434,720	-	\$ -	\$ 2,434,720	\$ 2,434,720	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL12-12-2024	Dispositions	-	\$ -	2	\$ (2,434,720)	\$ 2,434,720	\$ 2,434,720	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 05-02-2024	Acquisitions	1	\$ 8,604,710	-	\$ -	\$ 8,604,710	\$ 8,604,710	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 05-02-2024	Dispositions	-	\$ -	3	\$ (9,676,940)	\$ 9,621,604	\$ 9,676,940	55,336
UNITED STATES OF AMER TREAS NOTES 3.875% 04-30-2025	Acquisitions	3	\$ 5,439,395	-	\$ -	\$ 5,439,395	\$ 5,439,395	-

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STATES OF AMER TREAS NOTES 4.625% DUE 06-30-2025 REG	Acquisitions	2	\$ 1,867,277	-	\$ -	\$ 1,867,277	\$ 1,867,277	-
UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	Acquisitions	2	\$ 2,212,453	-	\$ -	\$ 2,212,453	\$ 2,212,453	-
UNITED STATES OF AMER TREAS NOTES DTD 09/30/2020 .25% 09-30-2025	Acquisitions	3	\$ 6,181,242	-	\$ -	\$ 6,181,242	\$ 6,181,242	-
UNITED STATES TREAS BILLS 07-05-2024 UNITED STATES TREAS BILLS	Acquisitions	1	\$ 1,371,313	-	\$ -	\$ 1,371,313	\$ 1,371,313	-
UNITED STATES TREAS BILLS 07-05-2024 UNITED STATES TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,380,000)	\$ 1,371,313	\$ 1,380,000	8,687
UNITED STATES TREAS NTS 2.875% TNOTE 07 -31-2025	Acquisitions	2	\$ 3,437,539	-	\$ -	\$ 3,437,539	\$ 3,437,539	-
UNITED STS TREAS BILLS 0% T-BILL 08-06-2 024	Acquisitions	2	\$ 6,278,514	-	\$ -	\$ 6,278,514	\$ 6,278,514	-
UNITED STS TREAS BILLS 0% T-BILL 08-06-2 024	Dispositions	-	\$ -	5	\$ (6,279,467)	\$ 6,278,514	\$ 6,279,467	952
UNITED STS TREAS BILLS 0% T-BILL 10-17-2 024	Acquisitions	1	\$ 2,467,139	-	\$ -	\$ 2,467,139	\$ 2,467,139	-
UNITED STS TREAS BILLS 0% T-BILL 10-17-2 024	Dispositions	-	\$ -	1	\$ (2,500,000)	\$ 2,467,139	\$ 2,500,000	32,861
UNITED STS TREAS BILLS 0% TBILL 06-13-20 24	Acquisitions	1	\$ 5,167,956	-	\$ -	\$ 5,167,956	\$ 5,167,956	-
UNITED STS TREAS BILLS 0% TBILL 06-13-20 24	Dispositions	-	\$ -	1	\$ (5,200,000)	\$ 5,167,956	\$ 5,200,000	32,044
UNITED STS TREAS BILLS 0.0% T-BILL 07-09 -2024	Acquisitions	1	\$ 3,384,593	-	\$ -	\$ 3,384,593	\$ 3,384,593	-
UNITED STS TREAS BILLS 0.0% T-BILL 07-09 -2024	Dispositions	-	\$ -	2	\$ (3,386,491)	\$ 3,384,593	\$ 3,386,491	1,898
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	139	\$ 292,337,204	-	\$ -	\$ 292,337,204	\$ 292,337,204	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	\$ -	81	\$ (206,229,521)	\$ 206,229,521	\$ 206,229,521	-

See accompanying independent auditors' report

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 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH & HUMAN SERVICE EMPLOYEES	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/1949
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF 1199SEIU NBF HEALTH AND HUMAN SERVICE EMPLOYEES P.O. BOX 842 NEW YORK, NY 10108	2b Employer Identification Number (EIN) 13-1628401 2c Plan Sponsor's telephone number 646-473-6656 2d Business code (see instructions) 622000

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

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

SIGN HERE		10 / 15 / 2025	DONNA REY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">3b Administrator's EIN 13-1628401</td> </tr> <tr> <td style="padding: 2px;">3c Administrator's telephone number 646-473-6656</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN 13-1628401	3c Administrator's telephone number 646-473-6656	
3b Administrator's EIN 13-1628401				
3c Administrator's telephone number 646-473-6656				

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4b EIN</td> </tr> <tr> <td style="padding: 2px;">4d PN</td> </tr> </table>	4b EIN	4d PN
4b EIN			
4d PN			
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">156501</td> </tr> </table>	5	156501
5	156501		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">113428</td> </tr> </table>	6a(1)	113428
6a(1)	113428		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="text-align: right;">116828</td> </tr> </table>	6a(2)	116828
6a(2)	116828		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="text-align: right;">43673</td> </tr> </table>	6b	43673
6b	43673		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> </table>	6c	0
6c	0		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="text-align: right;">160501</td> </tr> </table>	6d	160501
6d	160501		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> </table>	6e	0
6e	0		
f Total. Add lines 6d and 6e.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> </table>	6f	0
6f	0		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6g(1)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(1)	0
6g(1)	0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6g(2)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(2)	0
6g(2)	0		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>	6h	0
6h	0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">323</td> </tr> </table>	7	323
7	323		

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

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

4A 4B 4D 4E 4F 4K 4L 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table border="0" style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%; text-align: center;">☒</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☒	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	<table border="0" style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%; text-align: center;">☒</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☒	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor
(1)	☒	Insurance																							
(2)	☐	Code section 412(e)(3) insurance contracts																							
(3)	☒	Trust																							
(4)	☐	General assets of the sponsor																							
(1)	☒	Insurance																							
(2)	☐	Code section 412(e)(3) insurance contracts																							
(3)	☒	Trust																							
(4)	☐	General assets of the sponsor																							

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

a Pension Schedules

- | | | |
|-----|--------------------------|---|
| (1) | ☐ | 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 <u>14</u> |
| (4) | ☒ | C (Service Provider Information) |
| (5) | ☒ | D (DFE/Participating Plan Information) |
| (6) | ☐ | G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)			(d)			(e)
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
*	Short-term investments							
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT			3,050,000	\$ 2,973,409	\$ 2,996,439	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LN BKS			9,450,000	9,230,697	9,351,032	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DISC NT 01-31-2025	0.00%	1/31/2025	1,960,000	1,946,283	1,952,894	
	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		86,653,924	86,653,924	86,653,924	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS			36,245,000	35,591,017	36,029,519	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS			23,090,000	22,633,287	22,786,447	
						</		

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)			(d)			(e)
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
	Hedge funds							
		GROSVENOR FARIA FUND, LP	0.00%					
	Hedge funds total				1 \$	1 \$	23,808	
					1 \$	1 \$	23,808	
	Securities Lending							
	FEDERAL HOME LOAN BANKS	Agency Bd/Note	4.47%		54,321	54,321	54,321	
	FFCB	Agency Bd/Note	4.42%	1/2/2025	16,304	16,304	16,304	
	FFCB	Agency Bd/Note	4.44%	1/2/2025	5,435	5,435	5,435	
	FFCB	Agency Bd/Note	4.45%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.46%	1/2/2025	182,087	182,087	182,087	
	FFCB	Agency Bd/Note	4.46%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.47%	1/2/2025	40,765	40,765	40,765	
	FFCB	Agency Bd/Note	4.47%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.48%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.49%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	47,560	47,560	47,560	
	FFCB	Agency Bd/Note	4.50%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.51%	1/2/2025	59,789	59,789	59,789	
	FFCB	Agency Bd/Note	4.52%	1/2/2025	27,177	27,177	27,177	
	FFCB	Agency Bd/Note	4.54%	1/2/2025	13,588	13,588	13,588	
	FFCB	Agency Bd/Note	4.55%	1/2/2025	54,354	54,354	54,354	
	FHLB	Agency Bd/Note	4.38%	1/2/2025	81,531	81,531	81,531	
	FHLB	Agency Bd/Note	4.39%	1/2/2025	135,886	135,886	135,886	
	FHLB	Agency Bd/Note	4.40%	1/2/2025	54,354	54,354	54,354	
	FHLB	Agency Bd/Note	4.55%	1/2/2025	27,177	27,177	27,177	
	FHLB	Agency Bd/Note	5.22%		13,588	13,588	13,588	
	FHLB	Agency Bd/Note	5.30%		54,354	54,354	54,354	
	FHLB	Agency Disc't Nt	4.41%		26,784	26,784	26,784	
	FHLB	Agency Disc't Nt	4.48%		54,073	54,073	54,073	
	FHLB	Agency Disc't Nt	4.48%		27,013	27,013	27,013	
	FHLMC	Agency Bd/Note	4.48%	1/2/2025	13,588	13,588	13,588	
	FHLMC	Agency Bd/Note	4.51%	1/2/2025	13,588	13,588	13,588	
	FNMA	Agency Bd/Note	4.51%	1/2/2025	46,201	46,201	46,201	
	IDLE CASH DI		0.00%		81,531	81,531	81,531	
	TREASURY BILL	Treasury Bill	4.35%		27,000	27,000	27,000	
	TREASURY BILL	Treasury Bill	4.36%		40,591	40,591	40,591	
	TREASURY BILL	Treasury Bill	4.50%		13,392	13,392	13,392	
	TREASURY BILL	Treasury Bill	4.51%		592,360	592,360	592,360	
	TREASURY BILL	Treasury Bill	4.54%		67,368	67,368	67,368	
	TREASURY BILL	Treasury Bill	4.54%		27,010	27,010	27,010	
	TREASURY BILL	Treasury Bill	4.55%		54,266	54,266	54,266	
	TREASURY BILL	Treasury Bill	4.56%		26,970	26,970	26,970	
	TREASURY BILL	Treasury Bill	4.57%		108,694	108,694	108,694	
	TREASURY BILL	Treasury Bill	4.58%		26,992	26,992	26,992	
	TREASURY BILL	Treasury Bill	4.64%		13,551	13,551	13,551	
	TREASURY BILL	Treasury Bill	4.66%		13,575	13,575	13,575	
	TRI-PARTY BANK OF AMERICA NA	Repo.Agm'ts.	4.46%		135,885	135,885	135,885	
	TRI-PARTY BARCLAYS BANK PLC	Repo.Agm'ts.	4.30%		641,378	641,378	641,378	
	TRI-PARTY CANADIAN IMPERIAL BANK O	Repo.Agm'ts.	4.31%		135,885	135,885	135,885	
	TRI-PARTY CITIGROUP GLOBAL MARKETS	Repo.Agm'ts.	4.46%		641,378	641,378	641,378	
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agm'ts.	4.47%		135,885	135,885	135,885	
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agm'ts.	4.49%		271,770	271,770	271,770	
	TRI-PARTY ROYAL BANK OF CANADA (NE	Repo.Agm'ts.	4.31%		135,885	135,885	135,885	
	TRI-PARTY SOCIETE GENERALE (NEW YO	Repo.Agm'ts.	4.46%		366,889	366,889	366,889	

1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)			
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value
	Securities Lending total				4,730,066	\$ 4,730,066	\$ 4,730,066
					4,730,066	\$ 4,730,066	\$ 4,730,066
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		107,601,036	\$ 107,601,036	\$ 107,601,036
	Interest bearing cash total				107,601,036	\$ 107,601,036	\$ 107,601,036
	Total assets held				386,979,027	\$ 384,892,483	\$ 385,831,551

* Party-in-interest

See accompanying independent auditors' report

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Acquisitions	1	\$ 1,499,780	-	\$ -	\$ 1,499,780	\$ 1,499,780	\$ -
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Dispositions	-	\$ -	1	\$ (1,500,000)	\$ 1,499,780	\$ 1,500,000	220
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Acquisitions	1	\$ 23,409,695	-	\$ -	\$ 23,409,695	\$ 23,409,695	-
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Dispositions	-	\$ -	1	\$ (23,420,000)	\$ 23,409,695	\$ 23,420,000	10,305
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Acquisitions	1	\$ 23,426,564	-	\$ -	\$ 23,426,564	\$ 23,426,564	-
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Dispositions	-	\$ -	1	\$ (23,430,000)	\$ 23,426,564	\$ 23,430,000	3,436
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Acquisitions	1	\$ 6,689,024	-	\$ -	\$ 6,689,024	\$ 6,689,024	-
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Dispositions	-	\$ -	1	\$ (6,690,000)	\$ 6,689,024	\$ 6,690,000	976
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Acquisitions	1	\$ 5,049,266	-	\$ -	\$ 5,049,266	\$ 5,049,266	-
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Dispositions	-	\$ -	1	\$ (5,050,000)	\$ 5,049,266	\$ 5,050,000	734
FEDERAL HOME LN BK DISC NT 06-28-2024	Acquisitions	1	\$ 9,328,637	-	\$ -	\$ 9,328,637	\$ 9,328,637	-
FEDERAL HOME LN BK DISC NT 06-28-2024	Dispositions	-	\$ -	1	\$ (9,330,000)	\$ 9,328,637	\$ 9,330,000	1,363
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Acquisitions	1	\$ 2,800,000	-	\$ -	\$ 2,800,000	\$ 2,800,000	-
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Dispositions	-	\$ -	2	\$ (2,799,986)	\$ 2,800,000	\$ 2,799,986	(14)
FEDERAL HOME LOAN BANKS 03-07-2025	Acquisitions	2	\$ 6,808,229	-	\$ -	\$ 6,808,229	\$ 6,808,229	-
FEDERAL HOME LOAN BANKS 03-07-2025	Dispositions	-	\$ -	3	\$ (6,808,229)	\$ 6,808,229	\$ 6,808,229	-
FEDERAL HOME LN BK CONS DISC NTS 06-06-2024	Acquisitions	1	\$ 20,996,938	-	\$ -	\$ 20,996,938	\$ 20,996,938	-
FEDERAL HOME LN BK CONS DISC NTS 06-06-2024	Dispositions	-	\$ -	1	\$ (21,000,000)	\$ 20,996,938	\$ 21,000,000	3,062
FEDERAL HOME LN BK CONS DISC NTS 06-07-2024	Acquisitions	1	\$ 16,457,600	-	\$ -	\$ 16,457,600	\$ 16,457,600	-
FEDERAL HOME LN BK CONS DISC NTS 06-07-2024	Dispositions	-	\$ -	1	\$ (16,460,000)	\$ 16,457,600	\$ 16,460,000	2,400
FEDERAL HOME LN BK CONS DISC NTS 06-10-2024	Acquisitions	1	\$ 16,462,781	-	\$ -	\$ 16,462,781	\$ 16,462,781	-
FEDERAL HOME LN BK CONS DISC NTS 06-10-2024	Dispositions	-	\$ -	1	\$ (16,470,000)	\$ 16,462,781	\$ 16,470,000	7,219
FEDERAL HOME LN BK CONS DISC NTS 06-12-2024	Acquisitions	1	\$ 15,667,710	-	\$ -	\$ 15,667,710	\$ 15,667,710	-
FEDERAL HOME LN BK CONS DISC NTS 06-12-2024	Dispositions	-	\$ -	1	\$ (15,670,000)	\$ 15,667,710	\$ 15,670,000	2,290
FEDERAL HOME LN BK CONS DISC NTS 06-13-2024	Acquisitions	1	\$ 2,219,677	-	\$ -	\$ 2,219,677	\$ 2,219,677	-
FEDERAL HOME LN BK CONS DISC NTS 06-13-2024	Dispositions	-	\$ -	1	\$ (2,220,000)	\$ 2,219,677	\$ 2,220,000	323
FEDERAL HOME LN BK CONS DISC NTS 06-20-2024	Acquisitions	1	\$ 9,297,287	-	\$ -	\$ 9,297,287	\$ 9,297,287	-
FEDERAL HOME LN BK CONS DISC NTS 06-20-2024	Dispositions	-	\$ -	1	\$ (9,300,000)	\$ 9,297,287	\$ 9,300,000	2,713
FEDERAL HOME LN BK CONS DISC NTS 06-25-2024	Acquisitions	1	\$ 10,323,986	-	\$ -	\$ 10,323,986	\$ 10,323,986	-
FEDERAL HOME LN BK CONS DISC NTS 06-25-2024	Dispositions	-	\$ -	1	\$ (10,330,000)	\$ 10,323,986	\$ 10,330,000	6,014
FEDERAL HOME LN BK CONS DISC NTS 07-05-2024	Acquisitions	1	\$ 31,010,918	-	\$ -	\$ 31,010,918	\$ 31,010,918	-
FEDERAL HOME LN BK CONS DISC NTS 07-05-2024	Dispositions	-	\$ -	1	\$ (31,020,000)	\$ 31,010,918	\$ 31,020,000	9,082
FEDERAL HOME LN BK CONS DISC NTS 07-11-2024	Acquisitions	1	\$ 6,799,005	-	\$ -	\$ 6,799,005	\$ 6,799,005	-
FEDERAL HOME LN BK CONS DISC NTS 07-11-2024	Dispositions	-	\$ -	1	\$ (6,800,000)	\$ 6,799,005	\$ 6,800,000	995
FEDERAL HOME LN BK CONS DISC NTS 08-01-2024	Acquisitions	1	\$ 1,199,825	-	\$ -	\$ 1,199,825	\$ 1,199,825	-
FEDERAL HOME LN BK CONS DISC NTS 08-01-2024	Dispositions	-	\$ -	1	\$ (1,200,000)	\$ 1,199,825	\$ 1,200,000	175
FEDERAL HOME LN BK CONS DISC NTS 08-12-2024	Acquisitions	1	\$ 929,591	-	\$ -	\$ 929,591	\$ 929,591	-
FEDERAL HOME LN BK CONS DISC NTS 08-12-2024	Dispositions	-	\$ -	1	\$ (930,000)	\$ 929,591	\$ 930,000	409
FEDERAL HOME LN BK CONS DISC NTS 08-13-2024	Acquisitions	1	\$ 959,859	-	\$ -	\$ 959,859	\$ 959,859	-
FEDERAL HOME LN BK CONS DISC NTS 08-13-2024	Dispositions	-	\$ -	1	\$ (960,000)	\$ 959,859	\$ 960,000	141
FEDERAL HOME LN BK CONS DISC NTS 08-21-2024	Acquisitions	1	\$ 3,929,427	-	\$ -	\$ 3,929,427	\$ 3,929,427	-
FEDERAL HOME LN BK CONS DISC NTS 08-21-2024	Dispositions	-	\$ -	1	\$ (3,930,000)	\$ 3,929,427	\$ 3,930,000	573
FEDERAL HOME LN BK CONS DISC NTS 10-08-2024	Acquisitions	1	\$ 18,427,548	-	\$ -	\$ 18,427,548	\$ 18,427,548	-
FEDERAL HOME LN BK CONS DISC NTS 10-08-2024	Dispositions	-	\$ -	1	\$ (18,430,000)	\$ 18,427,548	\$ 18,430,000	2,452
FEDERAL HOME LN BK CONS DISC NTS 10-17-2024	Acquisitions	1	\$ 1,609,788	-	\$ -	\$ 1,609,788	\$ 1,609,788	-
FEDERAL HOME LN BK CONS DISC NTS 10-17-2024	Dispositions	-	\$ -	1	\$ (1,610,000)	\$ 1,609,788	\$ 1,610,000	212

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
FEDERAL HOME LN BK CONS DISC NTS 11-21-2024	Acquisitions	1	\$ 26,996,625	-	\$ -	\$ 26,996,625	\$ 26,996,625	-
FEDERAL HOME LN BK CONS DISC NTS 11-21-2024	Dispositions	-	\$ -	1	\$ (27,000,000)	\$ 26,996,625	\$ 27,000,000	3,375
FEDERAL HOME LN BK CONS DISC NTS 12-27-2024	Acquisitions	1	\$ 1,948,130	-	\$ -	\$ 1,948,130	\$ 1,948,130	-
FEDERAL HOME LN BK CONS DISC NTS 12-27-2024	Dispositions	-	\$ -	2	\$ (1,948,130)	\$ 1,948,130	\$ 1,948,130	-
FEDERAL HOME LN BK DISC NT 0% DISC 08-22-2024	Acquisitions	1	\$ 1,729,748	-	\$ -	\$ 1,729,748	\$ 1,729,748	-
FEDERAL HOME LN BK DISC NT 0% DISC 08-22-2024	Dispositions	-	\$ -	1	\$ (1,730,000)	\$ 1,729,748	\$ 1,730,000	252
FEDERAL HOME LN BK DISC NT 05-22-2024	Acquisitions	1	\$ 1,369,799	-	\$ -	\$ 1,369,799	\$ 1,369,799	-
FEDERAL HOME LN BK DISC NT 05-22-2024	Dispositions	-	\$ -	1	\$ (1,370,000)	\$ 1,369,799	\$ 1,370,000	201
FEDERAL HOME LN BK DISC NT 05-30-2024	Acquisitions	1	\$ 1,499,781	-	\$ -	\$ 1,499,781	\$ 1,499,781	-
FEDERAL HOME LN BK DISC NT 05-30-2024	Dispositions	-	\$ -	1	\$ (1,500,000)	\$ 1,499,781	\$ 1,500,000	219
FEDERAL HOME LN BK DISC NT 06-11-2024	Acquisitions	1	\$ 16,467,594	-	\$ -	\$ 16,467,594	\$ 16,467,594	-
FEDERAL HOME LN BK DISC NT 06-11-2024	Dispositions	-	\$ -	1	\$ (16,470,000)	\$ 16,467,594	\$ 16,470,000	2,406
FEDERAL HOME LN BK DISC NT 06-21-2024	Acquisitions	1	\$ 10,328,494	-	\$ -	\$ 10,328,494	\$ 10,328,494	-
FEDERAL HOME LN BK DISC NT 06-21-2024	Dispositions	-	\$ -	1	\$ (10,330,000)	\$ 10,328,494	\$ 10,330,000	1,506
FEDERAL HOME LN BK DISC NT 06-26-2024	Acquisitions	1	\$ 7,268,938	-	\$ -	\$ 7,268,938	\$ 7,268,938	-
FEDERAL HOME LN BK DISC NT 06-26-2024	Dispositions	-	\$ -	1	\$ (7,270,000)	\$ 7,268,938	\$ 7,270,000	1,062
FEDERAL HOME LN BK DISC NT 06-27-2024	Acquisitions	1	\$ 7,278,934	-	\$ -	\$ 7,278,934	\$ 7,278,934	-
FEDERAL HOME LN BK DISC NT 06-27-2024	Dispositions	-	\$ -	1	\$ (7,280,000)	\$ 7,278,934	\$ 7,280,000	1,066
FEDERAL HOME LN BK DISC NT 07-10-2024	Acquisitions	1	\$ 6,799,003	-	\$ -	\$ 6,799,003	\$ 6,799,003	-
FEDERAL HOME LN BK DISC NT 07-10-2024	Dispositions	-	\$ -	1	\$ (6,800,000)	\$ 6,799,003	\$ 6,800,000	997
FEDERAL HOME LN BK DISC NT 10-04-2024	Acquisitions	1	\$ 26,846,442	-	\$ -	\$ 26,846,442	\$ 26,846,442	-
FEDERAL HOME LN BK DISC NT 10-04-2024	Dispositions	-	\$ -	1	\$ (26,850,000)	\$ 26,846,442	\$ 26,850,000	3,558
FEDERAL HOME LN BK DISC NT 10-07-2024	Acquisitions	1	\$ 20,831,681	-	\$ -	\$ 20,831,681	\$ 20,831,681	-
FEDERAL HOME LN BK DISC NT 10-07-2024	Dispositions	-	\$ -	1	\$ (20,840,000)	\$ 20,831,681	\$ 20,840,000	8,319
FEDERAL HOME LN BK DISC NTS 0% 05-23-2024	Acquisitions	1	\$ 1,389,796	-	\$ -	\$ 1,389,796	\$ 1,389,796	-
FEDERAL HOME LN BK DISC NTS 0% 05-23-2024	Dispositions	-	\$ -	1	\$ (1,390,000)	\$ 1,389,796	\$ 1,390,000	204
FEDERAL HOME LN DISC NTS 0% 09-27-2024	Acquisitions	1	\$ 1,973,458	-	\$ -	\$ 1,973,458	\$ 1,973,458	-
FEDERAL HOME LN DISC NTS 0% 09-27-2024	Dispositions	-	\$ -	1	\$ (2,000,000)	\$ 1,973,458	\$ 2,000,000	26,542
FEDERAL HOME LN MTG CORP TRANCHE # TR 00702 RT 4.0% DUE 11-25-20	Acquisitions	1	\$ 1,489,275	-	\$ -	\$ 1,489,275	\$ 1,489,275	-
FEDERAL HOME LN MTG CORP TRANCHE # TR 00702 RT 4.0% DUE 11-25-20	Dispositions	-	\$ -	2	\$ (1,499,221)	\$ 1,489,275	\$ 1,499,221	9,946
FEDERAL HOME LOAN BANK 0% 10-09-2024	Acquisitions	1	\$ 11,918,417	-	\$ -	\$ 11,918,417	\$ 11,918,417	-
FEDERAL HOME LOAN BANK 0% 10-09-2024	Dispositions	-	\$ -	1	\$ (11,920,000)	\$ 11,918,417	\$ 11,920,000	1,583
FEDERAL HOME LOAN BANKS FLTG RT 04-10-20 25	Acquisitions	1	\$ 4,000,000	-	\$ -	\$ 4,000,000	\$ 4,000,000	-
FEDERAL HOME LOAN BANKS FLTG RT 04-10-20 25	Dispositions	-	\$ -	2	\$ (4,000,294)	\$ 4,000,000	\$ 4,000,294	294
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Acquisitions	2	\$ 2,929,149	-	\$ -	\$ 2,929,149	\$ 2,929,149	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Dispositions	-	\$ -	2	\$ (4,399,328)	\$ 4,359,612	\$ 4,399,328	39,716
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Acquisitions	1	\$ 3,838,335	-	\$ -	\$ 3,838,335	\$ 3,838,335	-
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Dispositions	-	\$ -	1	\$ (3,838,335)	\$ 3,838,335	\$ 3,838,335	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Acquisitions	2	\$ 3,233,537	-	\$ -	\$ 3,233,537	\$ 3,233,537	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Dispositions	-	\$ -	2	\$ (3,270,000)	\$ 3,233,537	\$ 3,270,000	36,463
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Acquisitions	2	\$ 2,117,032	-	\$ -	\$ 2,117,032	\$ 2,117,032	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Dispositions	-	\$ -	3	\$ (2,137,951)	\$ 2,117,032	\$ 2,137,951	20,918
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Acquisitions	1	\$ 8,199,329	-	\$ -	\$ 8,199,329	\$ 8,199,329	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Dispositions	-	\$ -	3	\$ (9,244,073)	\$ 9,172,686	\$ 9,244,073	71,387
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Acquisitions	3	\$ 7,977,228	-	\$ -	\$ 7,977,228	\$ 7,977,228	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Dispositions	-	\$ -	3	\$ (7,994,171)	\$ 7,977,228	\$ 7,994,171	16,942
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Acquisitions	1	\$ 1,468,951	-	\$ -	\$ 1,468,951	\$ 1,468,951	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Dispositions	-	\$ -	1	\$ (1,475,000)	\$ 1,468,951	\$ 1,475,000	6,049

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Acquisitions	1	\$ 3,975,360	-	\$ -	\$ 3,975,360	\$ 3,975,360	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Dispositions	-	\$ -	2	\$ (4,000,000)	\$ 3,975,360	\$ 4,000,000	24,640
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Acquisitions	1	\$ 1,621,627	-	\$ -	\$ 1,621,627	\$ 1,621,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Dispositions	-	\$ -	1	\$ (1,650,000)	\$ 1,621,627	\$ 1,650,000	28,373
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Acquisitions	1	\$ 1,031,946	-	\$ -	\$ 1,031,946	\$ 1,031,946	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Dispositions	-	\$ -	1	\$ (1,050,000)	\$ 1,031,946	\$ 1,050,000	18,054
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Acquisitions	1	\$ 3,439,492	-	\$ -	\$ 3,439,492	\$ 3,439,492	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Dispositions	-	\$ -	4	\$ (3,449,865)	\$ 3,439,492	\$ 3,449,865	10,373
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Acquisitions	2	\$ 6,178,151	-	\$ -	\$ 6,178,151	\$ 6,178,151	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Dispositions	-	\$ -	1	\$ (6,300,000)	\$ 6,178,151	\$ 6,300,000	121,849
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Acquisitions	1	\$ 3,292,838	-	\$ -	\$ 3,292,838	\$ 3,292,838	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Dispositions	-	\$ -	2	\$ (3,292,838)	\$ 3,292,838	\$ 3,292,838	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Acquisitions	3	\$ 4,708,104	-	\$ -	\$ 4,708,104	\$ 4,708,104	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Dispositions	-	\$ -	4	\$ (4,708,104)	\$ 4,708,104	\$ 4,708,104	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Acquisitions	1	\$ 3,229,969	-	\$ -	\$ 3,229,969	\$ 3,229,969	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Dispositions	-	\$ -	2	\$ (3,250,000)	\$ 3,229,969	\$ 3,250,000	20,031
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Acquisitions	1	\$ 4,265,149	-	\$ -	\$ 4,265,149	\$ 4,265,149	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Dispositions	-	\$ -	2	\$ (4,304,472)	\$ 4,265,149	\$ 4,304,472	39,323
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Acquisitions	1	\$ 1,099,680	-	\$ -	\$ 1,099,680	\$ 1,099,680	-
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Dispositions	-	\$ -	1	\$ (1,100,000)	\$ 1,099,680	\$ 1,100,000	320
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Acquisitions	2	\$ 2,555,136	-	\$ -	\$ 2,555,136	\$ 2,555,136	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Dispositions	-	\$ -	1	\$ (2,985,000)	\$ 2,962,920	\$ 2,985,000	22,080
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Acquisitions	1	\$ 8,235,514	-	\$ -	\$ 8,235,514	\$ 8,235,514	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Dispositions	-	\$ -	2	\$ (8,246,014)	\$ 8,235,514	\$ 8,246,014	10,500
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Acquisitions	1	\$ 3,685,626	-	\$ -	\$ 3,685,626	\$ 3,685,626	-
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Dispositions	-	\$ -	2	\$ (3,681,240)	\$ 3,685,626	\$ 3,681,240	(4,386)
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Acquisitions	1	\$ 3,500,108	-	\$ -	\$ 3,500,108	\$ 3,500,108	-
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Dispositions	-	\$ -	2	\$ (3,500,515)	\$ 3,500,108	\$ 3,500,515	407
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-20:	Acquisitions	2	\$ 4,800,309	-	\$ -	\$ 4,800,309	\$ 4,800,309	-
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-20:	Dispositions	-	\$ -	2	\$ (4,794,863)	\$ 4,800,309	\$ 4,794,863	(5,446)
UNITED STS TREAS 0% T-BILL 10-08-2024	Acquisitions	1	\$ 2,456,838	-	\$ -	\$ 2,456,838	\$ 2,456,838	-
UNITED STS TREAS 0% T-BILL 10-08-2024	Dispositions	-	\$ -	1	\$ (2,500,000)	\$ 2,456,838	\$ 2,500,000	43,162
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Acquisitions	1	\$ 3,677,452	-	\$ -	\$ 3,677,452	\$ 3,677,452	-
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Dispositions	-	\$ -	3	\$ (3,689,274)	\$ 3,677,452	\$ 3,689,274	11,823
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Acquisitions	2	\$ 4,775,857	-	\$ -	\$ 4,775,857	\$ 4,775,857	-
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Dispositions	-	\$ -	2	\$ (4,807,581)	\$ 4,775,857	\$ 4,807,581	31,723
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Acquisitions	2	\$ 7,338,589	-	\$ -	\$ 7,338,589	\$ 7,338,589	-
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Dispositions	-	\$ -	5	\$ (7,389,702)	\$ 7,338,589	\$ 7,389,702	51,114
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 1,648,225	-	\$ -	\$ 1,648,225	\$ 1,648,225	-
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,655,000)	\$ 1,648,225	\$ 1,655,000	6,775
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 1,884,414	-	\$ -	\$ 1,884,414	\$ 1,884,414	-
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,900,000)	\$ 1,884,414	\$ 1,900,000	15,586
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Acquisitions	2	\$ 6,003,373	-	\$ -	\$ 6,003,373	\$ 6,003,373	-
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	3	\$ (6,058,439)	\$ 6,003,373	\$ 6,058,439	55,066
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Acquisitions	1	\$ 799,347	-	\$ -	\$ 799,347	\$ 799,347	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Dispositions	-	\$ -	1	\$ (820,000)	\$ 799,347	\$ 820,000	20,653
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Acquisitions	2	\$ 13,519,134	-	\$ -	\$ 13,519,134	\$ 13,519,134	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Dispositions	-	\$ -	1	\$ (13,550,000)	\$ 13,519,134	\$ 13,550,000	30,866

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Acquisitions	2	\$ 7,219,250	-	\$ -	\$ 7,219,250	\$ 7,219,250	-
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Dispositions	-	\$ -	2	\$ (7,285,914)	\$ 7,219,250	\$ 7,285,914	66,663
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Acquisitions	2	\$ 7,934,414	-	\$ -	\$ 7,934,414	\$ 7,934,414	-
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Dispositions	-	\$ -	3	\$ (7,988,809)	\$ 7,934,414	\$ 7,988,809	54,395
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Acquisitions	1	\$ 1,452,597	-	\$ -	\$ 1,452,597	\$ 1,452,597	-
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Dispositions	-	\$ -	1	\$ (1,490,500)	\$ 1,452,597	\$ 1,490,500	37,903
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Acquisitions	1	\$ 8,476,367	-	\$ -	\$ 8,476,367	\$ 8,476,367	-
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Dispositions	-	\$ -	4	\$ (10,182,187)	\$ 10,137,201	\$ 10,182,187	44,987
UNITED STATES OF AMER TREAS BILL 0% T-BI LL 11-26-2024	Acquisitions	1	\$ 1,867,875	-	\$ -	\$ 1,867,875	\$ 1,867,875	-
UNITED STATES OF AMER TREAS BILL 0% T-BI LL 11-26-2024	Dispositions	-	\$ -	1	\$ (1,900,000)	\$ 1,867,875	\$ 1,900,000	32,125
UNITED STATES OF AMER TREAS BILLS 0% 0% T-BILL 01-07-2025	Acquisitions	1	\$ 2,460,251	-	\$ -	\$ 2,460,251	\$ 2,460,251	-
UNITED STATES OF AMER TREAS BILLS 0% 0% T-BILL 01-07-2025	Dispositions	-	\$ -	2	\$ (2,460,251)	\$ 2,460,251	\$ 2,460,251	-
UNITED STATES OF AMER TREAS BILLS 0% 11-14-2024	Acquisitions	1	\$ 1,559,773	-	\$ -	\$ 1,559,773	\$ 1,559,773	-
UNITED STATES OF AMER TREAS BILLS 0% 11-14-2024	Dispositions	-	\$ -	1	\$ (1,580,000)	\$ 1,559,773	\$ 1,580,000	20,227
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 12-17-2024	Acquisitions	1	\$ 2,458,846	-	\$ -	\$ 2,458,846	\$ 2,458,846	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 12-17-2024	Dispositions	-	\$ -	1	\$ (2,458,846)	\$ 2,458,846	\$ 2,458,846	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 01-21-2025	Acquisitions	1	\$ 2,954,993	-	\$ -	\$ 2,954,993	\$ 2,954,993	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 01-21-2025	Dispositions	-	\$ -	2	\$ (2,038,945)	\$ 2,038,945	\$ 2,038,945	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-03-2025	Acquisitions	1	\$ 3,915,153	-	\$ -	\$ 3,915,153	\$ 3,915,153	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-03-2025	Dispositions	-	\$ -	1	\$ (445,349)	\$ 445,349	\$ 445,349	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-23-2024	Acquisitions	1	\$ 1,649,522	-	\$ -	\$ 1,649,522	\$ 1,649,522	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-23-2024	Dispositions	-	\$ -	1	\$ (1,650,000)	\$ 1,649,522	\$ 1,650,000	478
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-22-2024	Acquisitions	2	\$ 5,028,884	-	\$ -	\$ 5,028,884	\$ 5,028,884	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-22-2024	Dispositions	-	\$ -	1	\$ (5,060,000)	\$ 5,028,884	\$ 5,060,000	31,116
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-03-2024	Acquisitions	1	\$ 4,934,500	-	\$ -	\$ 4,934,500	\$ 4,934,500	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-03-2024	Dispositions	-	\$ -	2	\$ (4,934,500)	\$ 4,934,500	\$ 4,934,500	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-21-2024	Acquisitions	1	\$ 1,645,914	-	\$ -	\$ 1,645,914	\$ 1,645,914	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-21-2024	Dispositions	-	\$ -	1	\$ (1,645,914)	\$ 1,645,914	\$ 1,645,914	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-29-2024	Acquisitions	2	\$ 2,875,517	-	\$ -	\$ 2,875,517	\$ 2,875,517	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 11-29-2024	Dispositions	-	\$ -	2	\$ (2,877,202)	\$ 2,875,517	\$ 2,877,202	1,685
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 12-26-2024	Acquisitions	1	\$ 1,948,009	-	\$ -	\$ 1,948,009	\$ 1,948,009	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 12-26-2024	Dispositions	-	\$ -	1	\$ (1,948,009)	\$ 1,948,009	\$ 1,948,009	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL12-10-2024	Acquisitions	1	\$ 1,563,773	-	\$ -	\$ 1,563,773	\$ 1,563,773	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL12-10-2024	Dispositions	-	\$ -	1	\$ (1,590,000)	\$ 1,563,773	\$ 1,590,000	26,227
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-20-2024	Acquisitions	1	\$ 1,013,717	-	\$ -	\$ 1,013,717	\$ 1,013,717	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-20-2024	Dispositions	-	\$ -	1	\$ (1,020,000)	\$ 1,013,717	\$ 1,020,000	6,283
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 07-25-2024	Acquisitions	1	\$ 4,969,258	-	\$ -	\$ 4,969,258	\$ 4,969,258	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 07-25-2024	Dispositions	-	\$ -	3	\$ (4,969,258)	\$ 4,969,258	\$ 4,969,258	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL01-02-2025	Acquisitions	2	\$ 6,086,449	-	\$ -	\$ 6,086,449	\$ 6,086,449	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL10-01-2024	Acquisitions	1	\$ 2,949,129	-	\$ -	\$ 2,949,129	\$ 2,949,129	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL10-01-2024	Dispositions	-	\$ -	2	\$ (2,949,129)	\$ 2,949,129	\$ 2,949,129	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL11-05-2024	Acquisitions	1	\$ 4,913,973	-	\$ -	\$ 4,913,973	\$ 4,913,973	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL11-05-2024	Dispositions	-	\$ -	3	\$ (4,913,973)	\$ 4,913,973	\$ 4,913,973	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL12-12-2024	Acquisitions	1	\$ 2,434,720	-	\$ -	\$ 2,434,720	\$ 2,434,720	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL12-12-2024	Dispositions	-	\$ -	2	\$ (2,434,720)	\$ 2,434,720	\$ 2,434,720	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 05-02-2024	Acquisitions	1	\$ 8,604,710	-	\$ -	\$ 8,604,710	\$ 8,604,710	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 05-02-2024	Dispositions	-	\$ -	3	\$ (9,676,940)	\$ 9,621,604	\$ 9,676,940	55,336
UNITED STATES OF AMER TREAS NOTES 3.875% 04-30-2025	Acquisitions	3	\$ 5,439,395	-	\$ -	\$ 5,439,395	\$ 5,439,395	-

1199SEIU National Benefit Fund For Health and Human Service Employees

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
UNITED STATES OF AMER TREAS NOTES 4.625% DUE 06-30-2025 REG	Acquisitions	2	\$ 1,867,277	-	\$ -	\$ 1,867,277	\$ 1,867,277	-
UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	Acquisitions	2	\$ 2,212,453	-	\$ -	\$ 2,212,453	\$ 2,212,453	-
UNITED STATES OF AMER TREAS NOTES DTD 09/30/2020 .25% 09-30-2025	Acquisitions	3	\$ 6,181,242	-	\$ -	\$ 6,181,242	\$ 6,181,242	-
UNITED STATES TREAS BILLS 07-05-2024 UNITED STATES TREAS BILLS	Acquisitions	1	\$ 1,371,313	-	\$ -	\$ 1,371,313	\$ 1,371,313	-
UNITED STATES TREAS BILLS 07-05-2024 UNITED STATES TREAS BILLS	Dispositions	-	\$ -	1	\$ (1,380,000)	\$ 1,371,313	\$ 1,380,000	8,687
UNITED STATES TREAS NTS 2.875% TNOTE 07 -31-2025	Acquisitions	2	\$ 3,437,539	-	\$ -	\$ 3,437,539	\$ 3,437,539	-
UNITED STS TREAS BILLS 0% T-BILL 08-06-2 024	Acquisitions	2	\$ 6,278,514	-	\$ -	\$ 6,278,514	\$ 6,278,514	-
UNITED STS TREAS BILLS 0% T-BILL 08-06-2 024	Dispositions	-	\$ -	5	\$ (6,279,467)	\$ 6,278,514	\$ 6,279,467	952
UNITED STS TREAS BILLS 0% T-BILL 10-17-2 024	Acquisitions	1	\$ 2,467,139	-	\$ -	\$ 2,467,139	\$ 2,467,139	-
UNITED STS TREAS BILLS 0% T-BILL 10-17-2 024	Dispositions	-	\$ -	1	\$ (2,500,000)	\$ 2,467,139	\$ 2,500,000	32,861
UNITED STS TREAS BILLS 0% TBILL 06-13-20 24	Acquisitions	1	\$ 5,167,956	-	\$ -	\$ 5,167,956	\$ 5,167,956	-
UNITED STS TREAS BILLS 0% TBILL 06-13-20 24	Dispositions	-	\$ -	1	\$ (5,200,000)	\$ 5,167,956	\$ 5,200,000	32,044
UNITED STS TREAS BILLS 0.0% T-BILL 07-09 -2024	Acquisitions	1	\$ 3,384,593	-	\$ -	\$ 3,384,593	\$ 3,384,593	-
UNITED STS TREAS BILLS 0.0% T-BILL 07-09 -2024	Dispositions	-	\$ -	2	\$ (3,386,491)	\$ 3,384,593	\$ 3,386,491	1,898
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	139	\$ 292,337,204	-	\$ -	\$ 292,337,204	\$ 292,337,204	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	\$ -	81	\$ (206,229,521)	\$ 206,229,521	\$ 206,229,521	-

See accompanying independent auditors' report