

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] 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 SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 05/01/2008
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) TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND 2229 S. HALSTED STREET, SUITE 122 CHICAGO, IL 60608
2b Employer Identification Number (EIN) 26-2336180
2c Plan Sponsor's telephone number 773-385-9300
2d Business code (see instructions) 541990

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include BRYNN SEIBERT (plan administrator), CARY CRAWFORD (employer/plan sponsor), and a row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16554
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)	16554
	6a(2)	18826
	6b	
	6c	
	6d	18826
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND	D Employer Identification Number (EIN) 26-2336180

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE AND HEALTH 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
06-0893662	80926	100-1620-01	1959	05/01/2024	04/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	45488
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND</p>	<p>D Employer Identification Number (EIN) 26-2336180</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA 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
42-1445545	66281	MZ0927654H0000A	37	05/01/2024	04/30/2025

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

<p>(a) Total amount of commissions paid 17990</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMWINS GROUP BENEFITS LLC
50 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11993			5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSURED PARTNERS OF ILLINOIS, LLC
4 WESTBROOK CORPORATE CENTER
WESTCHESTER, IL 60154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5997			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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	101941
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND	D Employer Identification Number (EIN) 26-2336180	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH,PIERCE FENNER & SMITH

13-5674085

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

FRANKLIN TEMPLETON FUND ADVISOR LLC

**280 PARK AVENUE
NEW YORK, NY 10017**

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

ALLIANCEBERNSTEIN LP

**1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105**

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

UBS ASSET MANAGEMENT LLC

**ELEVEN MADISON AVENUE
NEW YORK, NY 10010**

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

NEUBERGER BERMAN BD LLC

430 WEST 7TH STREET, STE. 219189
KANSAS CITY, MO 64105

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

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

BOSTON MANAGEMENT AND RESEARCH

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

DELAWARE MANAGEMENT COMPANY

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

THE VANGUARD GROUP, INC.

23-1945930

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

HARTFORD FUNDS MANAGEMENT COMPANY

801 PENNSYLVANIA AVE, SUITE 219060
KANSAS CITY, MO 64105-1307

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

JOHN HANCOCK INVESTMENT MANAGEMENT

200 BERKELEY STREET
BOSTON, MA 02116

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

BLACKROCK ADVISORS LLC

295 MADISON AVE., 12TH FLOOR
NEW YORK, NY 10017

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

OAKTREE WEALTH SOLUTIONS

225 LIBERTY STREET
NEW YORK, NY 10281

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

BROOKFIELD REIT ADVISER LLC

250 VESEY ST, 15TH FLR
NEW YORK, NY 10281

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

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

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

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

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

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

UNION HEALTH SERVICE, INC.

36-2302593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 49	NONE	13740884	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUM RX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50 62 99	PHARMACY BENEFIT MANAGEMENT	7352357	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	108650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HEALTHLINK, INC.

43-1364135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	NONE	1033818	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HINES & ASSOCIATES

36-3545085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	955666	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MULTIPLAN

13-3068979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	478349	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCM NEWCO LLC

87-4610160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	288788	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 99	NONE	232397	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	34856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

E. COSTA

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	ADMINISTRATOR	154180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHER, GITTLER & D'ALBA, LTD.

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	153100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	146847	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOWD BLOCH BENNETT CERVONE AUERBACH

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	143957	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PREFERRED NETWORK ACCESS

36-4018433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	137890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LHH RECRUITMENT SOLUTIONS

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	123147	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

P. RICE BANISTER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

L. WALKER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

E. GALINGAN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119079	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

D. ACKERMAN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

T. BURTIN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93766	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

B. JOHNSON

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

L. RILEY

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

J. NERI

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91979	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

G. RED

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

R. WHITAKER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87320	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

P. BRANDON

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 49	NONE	82259	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

V. FOSTER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79512	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

J. MACK

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

S. THOMPSON

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

E. GONZALEZ

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

E. HORN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71548	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	68328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TAB SERVICE COMPANY

36-2463139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 36	NONE	65507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MANAGED CARE STAFFERS

36-4411050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	65051	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

C. SEABRON

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	64155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

D. ILAGAN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

D. PANTOJA

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

M. HEFNER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

S. RIOS

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

APPLEGATE CONSULTING GROUP

45-4769589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	56719	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EV. TORRES

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G. RANGEL

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

R. FRANCO

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. ALVAREZ

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

D. TORAN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53086	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

N. MUHAMMAD-BANKS

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

K-PLUS COMPUTER SERVICES, LLC

36-4282001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	49889	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

V. GARCIA

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

M. KELLEY-TUNON

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G. LEE

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G. ROGERS

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

R. WEAVER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MNJ TECHNOLOGIES

01-0560518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49	NONE	44096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

N. AUSTIN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42441	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ER. TORRES

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDEXPERT INTERNATIONAL, INC.

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	40694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 72	NONE	39453	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

E. ESQUINCA

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

E. BROWN

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREEN LIGHT COST MANAGEMENT LLC

45-5248276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	36483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

E. ZIZUMBO

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

N. COX

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PSG CONSULTING, LLC

14-2001350

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	33152	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

T. BELLO

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. HARRIS-ARMSTRONG, CONSULTANT

2229 S HALSTED STREET
CHICAGO, IL 60608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

A. ROBLEDO

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

K. SLATER

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30548	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

A. BRISCOE

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29145	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. FRESAS

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

R. TAYLOR

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27776	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

S. BRADLEY

26-2336180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ABSOLUTE SOLUTIONS

27-3584158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	25010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ZELIS PAYMENTS HOLDINGS LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	NONE	21513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

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?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PAYLOCITY

1400 AMERICAN LN
SCHAUMBURG, IL 60173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11376	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SMARTSHEET

20-2954357

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOMMERS & FAHRENBACH, INC.

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 38	NONE	7109	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUM RX, INC.	62 99	108650
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPTUM RX RETAIL NETWORK 2300 MAIN STREET IRVINE, CA 92614	FLOAT REVENUE AND OTHER REPORTABLE INDIRECT COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BRIDGEWAY BENEFIT TECHNOLOGIES	99	34856
(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.	
ZELLIS PAYMENT HOLDINGS LLC 84-3069529	OTHER TRANSACTION PROCESSING FEES.	
(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
PAYLOCITY 1400 AMERICAN LN SCHAUMBURG, IL 60173	49	DID NOT RESPOND TO MULTIPLE REQUESTS REGARDING INDIRECT COMPENSATION.

(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
CERIS, INC. 87-2289736	49	DID NOT RESPOND TO MULTIPLE REQUESTS REGARDING INDIRECT COMPENSATION.

(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND	D Employer Identification Number (EIN) 26-2336180

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	18013789	15559979
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	47978170	17336144
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2066283	2376535
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	23912453	13095093
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	180027490	242114892
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4182624	9701855

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	998122	806409
f Total assets (add all amounts in lines 1a through 1e).....	1f	277178931	300990907
Liabilities			
g Benefit claims payable.....	1g	24879628	54216614
h Operating payables.....	1h	188641	274969
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	545830	355730
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	25614099	54847313
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	251564832	246143594

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)	136739667	
(B) Participants.....	2a(1)(B)	60380	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		136800047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1347	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1347
(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)	11246450	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11246450
(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)	-353913	
(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)		7335038
c Other income	2c		1167477
d Total income. Add all income amounts in column (b) and enter total	2d		156196446

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138516044	
(2) To insurance carriers for the provision of benefits	2e(2)	164159	
(3) Other	2e(3)	17020508	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		155700711
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	3401684	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	3655	
(4) IQPA audit fees	2i(4)	60500	
(5) Investment advisory and investment management fees	2i(5)	61378	
(6) Bank or trust company trustee/custodial fees	2i(6)	39367	
(7) Actuarial fees	2i(7)	81410	
(8) Legal fees	2i(8)	299031	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3116	
(11) Other expenses	2i(11)	1966832	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5916973
j Total expenses. Add all expense amounts in column (b) and enter total	2j		161617684

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5421238
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		9701855
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**SEIU Healthcare IL
Home Care & Child Care Fund**

Financial Statements

April 30, 2025

SEIU Healthcare IL Home Care & Child Care Fund

Financial Statements with Supplementary Information

April 30, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
SEIU Healthcare IL Home Care & Child Care Fund

Opinion

We have audited the financial statements of SEIU Healthcare IL Home Care & Child Care Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of SEIU Healthcare IL Home Care & Child Care Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

January 14, 2026

SEIU Healthcare IL Home Care & Child Care Fund

Statements of Net Assets Available for Benefits and Benefit Obligations

April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits		
Assets		
Cash	\$ 15,559,979	\$ 18,013,789
Receivables		
Employer contributions - net	17,336,144	47,978,170
Prescription drug rebates	2,017,275	1,552,700
Subrogation refunds	57,500	135,000
Accrued interest and dividends	238,741	299,092
Total receivables	<u>19,649,660</u>	<u>49,964,962</u>
Investments - at fair value		
Mutual funds	229,455,439	170,600,489
Collective investment fund	12,659,453	9,427,001
Real estate investment trusts	9,701,855	4,182,624
Money market funds and invested cash	13,095,093	23,912,453
Total investments	<u>264,911,840</u>	<u>208,122,567</u>
Property and equipment - net	<u>806,409</u>	<u>998,122</u>
Prepaid expenses	<u>63,019</u>	<u>79,491</u>
Total assets	<u>300,990,907</u>	<u>277,178,931</u>
Liabilities		
Accounts payable	274,969	188,641
Due to related organization	<u>355,730</u>	<u>545,830</u>
Total liabilities	<u>630,699</u>	<u>734,471</u>
Net assets available for benefits	<u>300,360,208</u>	<u>276,444,460</u>
Benefit Obligations		
Claims payable, premiums payable and claims incurred but not reported	54,216,614	24,879,628
Accumulated eligibility reserve for future benefits	<u>61,559,600</u>	<u>55,017,500</u>
Total benefit obligations	<u>115,776,214</u>	<u>79,897,128</u>
Excess of Net Assets Available for Benefits over Benefit Obligations	<u>\$ 184,583,994</u>	<u>\$ 196,547,332</u>

See accompanying notes to financial statements.

SEIU Healthcare IL Home Care & Child Care Fund

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

Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net Increase in Net Assets Available for Benefits		
Additions		
Investment income		
Net appreciation (depreciation) in fair value of		
Investments sold during the year	\$ 782,564	\$ (149,758)
Investments held at year end	<u>6,198,561</u>	<u>3,286,112</u>
	6,981,125	3,136,354
Interest and dividends	<u>11,247,797</u>	<u>9,108,529</u>
	18,228,922	12,244,883
Less investment fees	<u>(100,745)</u>	<u>(82,997)</u>
Investment income - net	18,128,177	12,161,886
Employer contributions	136,739,667	145,370,978
Participant contributions	60,380	68,978
Claims and subrogation refunds	444,364	629,633
Liquidated damages, interest and fees	2,280	823
Transitional reinsurance fee refund	720,833	-
Miscellaneous income	<u>-</u>	<u>108,879</u>
Total additions	<u>156,095,701</u>	<u>158,341,177</u>
Deductions		
Cost of benefits		
Medical	100,871,840	90,893,929
Prescription drug - net	8,483,991	6,484,473
UHS plan fees	13,740,884	12,388,216
Insurance premiums	<u>164,159</u>	<u>142,497</u>
	123,260,874	109,909,115
Claims access and administration fees		
Preferred provider	1,033,818	1,047,601
Claims review and case management	<u>2,069,033</u>	<u>1,638,942</u>
Total cost of benefits	126,363,725	112,595,658
Fees mandated by ACA	61,471	52,191
Administrative expenses	<u>5,754,757</u>	<u>5,126,825</u>
Total deductions	<u>132,179,953</u>	<u>117,774,674</u>
Net increase in net assets available for benefits	<u>23,915,748</u>	<u>40,566,503</u>
Net Increase (Decrease) in Benefit Obligations		
Increase (decrease) during the year attributable to changes in		
Claims payable, premiums payable and		
claims incurred but not reported	29,336,986	(1,249,208)
Accumulated eligibility reserve for future benefits	<u>6,542,100</u>	<u>372,600</u>
Net Increase (decrease) in benefit obligations	<u>35,879,086</u>	<u>(876,608)</u>
Net increase (decrease) in excess of net assets available for benefits over benefit obligations	(11,963,338)	41,443,111
Excess of Net Assets Available for Benefits over Benefit Obligations		
Beginning of year	<u>196,547,332</u>	<u>155,104,221</u>
End of year	<u>\$ 184,583,994</u>	<u>\$ 196,547,332</u>

See accompanying notes to financial statements.

**SEIU Healthcare IL
Home Care & Child Care Fund**

Notes to Financial Statements

April 30, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of SEIU Healthcare IL Home Care & Child Care Fund (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

Contributions Receivable - Employer contributions due and not paid prior to year-end, including payroll compliance audit deficiencies and the liquidated damages, interest and fees associated with these deficiencies, are recorded as contributions receivable. As described in Note 7, an allowance for uncollectible accounts is provided for uncertain collections.

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

Benefit Obligations - Benefit obligations are estimated by the Plan's consultant based on Plan benefits, eligibility counts, claims lag studies, paid and incurred claims cost studies and other data as considered necessary.

The obligation for accumulated eligibility reserve for future benefits represents an estimate of claims which will be due the following year for participants who had been credited with sufficient hours prior to April 30 to maintain eligibility after year end.

Note 1. Summary of Significant Accounting Policies (continued)

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

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned and are netted against the related expense in the current year's cost of benefits. Rebates netted against prescription drug benefits totaled \$3,006,871 and \$2,581,648 for the years ended April 30, 2025 and 2024, respectively. Refunds due at year end are reported as a receivable.

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

Transitional Reinsurance Fee Refund - The Plan opted into the transitional reinsurance fee class action lawsuit which challenged the legality of requiring self-insured multiemployer welfare plans to pay the transitional reinsurance fees as mandated by the Affordable Care Act. Judgment in favor of the plaintiffs was entered on May 12, 2023 in the United States Court of Federal Claims. As part of this judgment, the Plan was awarded a total recovery in the amount of \$720,833.

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

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

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

Subsequent Events - Subsequent events have been evaluated through January 14, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established pursuant to collective bargaining agreements between the local union and various employers. The Plan is a multiemployer welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Description of the Plan (continued)

Three plans of benefits have been established under the Plan: the Home Care Plan, the Child Care Plan, and the Personal Assistants Plan.

The Home Care Plan was established during 2008 to provide health care, prescription drug and vision care benefits for eligible participants. The Child Care Plan was established during 2008 to provide health care, prescription drug, vision care, life insurance and accidental death and dismemberment benefits for eligible participants. The Personal Assistants Plan was established in 2009 to provide health care, prescription drug and vision care for eligible participants.

Home Care Plan

Participants in the Home Care Plan become initially eligible for benefits after accumulating an average of 18 qualifying hours per week for three consecutive months in the quarter ending three months prior to the initial eligibility month. Effective July 1, 2024, the initial eligibility requirement was reduced to an average of 15 qualifying hours per week. Participants continue to be eligible for benefits by working as a Home Care Plan employee and averaging at least 15 qualifying hours per week per month, for three consecutive months.

Child Care Plan

Participants in the Child Care Plan become initially eligible for benefits after being considered a Child Care provider and after having provided 120 days of qualified care in the quarter ending six months prior to the initial eligibility month. Participants continue to be eligible for benefits by providing qualified care for at least 30 days in the quarter ending six months prior to the eligibility month. Continuing eligibility is determined quarterly.

Personal Assistants Plan

Participants in the Personal Assistants Plan become initially eligible for benefits after accumulating an average of 120 qualifying hours per month for three consecutive months, during which contributions were made on their behalf. Participants continue to be eligible for benefits by working as a Personal Assistants Plan provider and averaging at least 60 qualifying hours per month for three consecutive months. Continuing eligibility is determined monthly.

General

Participants maintain eligibility in the Plan through the last day of the month for which the minimum continuing eligibility requirement is met. Participants are generally given the option of enrolling in the Plan's UHS plan or one of the PPO options.

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

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

Note 3. Priorities upon Termination

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

Note 4. Tax Status

The Plan obtained a notice of exemption dated April 9, 2009, in which the Internal Revenue Service (IRS) stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Funding Policy

The Home Care Plan is primarily funded by employer contributions. Contribution rates are specified in the collective bargaining agreements. During the years ended April 30, 2025 and 2024, the hourly contribution rate in effect was \$1.77.

The Child Care Plan is primarily funded by the State of Illinois at contractual rates of either a monthly flat rate or a per enrollee monthly rate, which ranged from \$707.57 to \$765.30 for the years ended April 30, 2025 and 2024, depending on the various contract terms and conditions.

The Personal Assistants Plan is also primarily funded by the State of Illinois at contractual rates. Effective July 2023, the hourly contribution rate increased from \$1.17 to \$1.32 and decreased to \$0.97 in July 2024.

The Plan periodically receives retroactive contributions from the State of Illinois resulting from the State's internal review for unpaid work hours for the Child Care and Personal Assistants Plans. Such retroactive contributions are recognized when entitlement has been determined, net of any allowance for uncollectible accounts.

Participant contributions to provide benefits under COBRA were paid at a monthly rate ranging from \$457 to \$1,653 for the years ended April 30, 2025 and 2024, depending on the participant's coverage option.

Note 6. Concentration of Cash

Cash at April 30, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Checking accounts:		
General	\$ 15,731,373	\$ 18,185,183
Home Care claims	(81,183)	(81,183)
Child Care claims	(16,120)	(16,120)
Personal Assistants claims	<u>(74,091)</u>	<u>(74,091)</u>
Total	<u>\$ 15,559,979</u>	<u>\$ 18,013,789</u>

Cash consists of monies held in checking accounts without significant withdrawal restrictions. Imprest accounts are utilized for the payment of claims; as such, negative balances represent claims payments in process. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by FDIC up to \$250,000. Although balances may at times exceed insured limits, the Plan believes its credit risk to be minimal.

Note 7. Employer Contributions Receivable

Employer contributions receivable as of April 30, 2025 and 2024 consisted of the following:

	<u>2025</u>		
	<u>Gross</u>	<u>Allowance</u>	<u>Net</u>
Home Care	\$ 18,889,719	\$ (1,347,632)	\$ 17,542,087
Child Care (overpayment at year end)	(4,446,159)	-	(4,446,159)
Personal Assistants	<u>4,240,216</u>	<u>-</u>	<u>4,240,216</u>
Total	<u>\$ 18,683,776</u>	<u>\$ (1,347,632)</u>	<u>\$ 17,336,144</u>
	<u>2024</u>		
	<u>Gross</u>	<u>Allowance</u>	<u>Net</u>
Home Care	\$ 20,678,251	\$ (1,349,560)	\$ 19,328,691
Child Care	17,451,447	-	17,451,447
Personal Assistants	<u>11,198,032</u>	<u>-</u>	<u>11,198,032</u>
Total	<u>\$ 49,327,730</u>	<u>\$ (1,349,560)</u>	<u>\$ 47,978,170</u>

The allowance for uncollectible amounts is determined using a number of different factors, which primarily include an analysis of the Plan's collection experience, provisions in the collective bargaining agreements and the subsequent collection of receivables after year end.

Note 8. Fair Value Measurements

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

Basis of Fair Value Measurement

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of April 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	Total	Fair Value Measurements at 4/30/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 229,455,439	\$ 229,455,439	\$ -	\$ -
Money market funds and invested cash	13,095,093	13,095,093	-	-
	242,550,532	\$ 242,550,532	\$ -	\$ -
Investments measured at net asset value:				
Collective investment fund	12,659,453			
Real estate investment trusts	9,701,855			
Total	\$ 264,911,840			

Note 8. Fair Value Measurements (continued)

		<u>Fair Value Measurements at 4/30/24 Using</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 170,600,489	\$ 170,600,489	\$ -	\$ -
Money market funds and invested cash	<u>23,912,453</u>	<u>23,912,453</u>	<u>-</u>	<u>-</u>
	194,512,942	<u>\$ 194,512,942</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment fund	9,427,001			
Real estate investment trust	<u>4,182,624</u>			
Total	<u>\$ 208,122,567</u>			

Level 1 Measurements

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

The money market funds and invested cash represent shares held in mutual funds and cash held at the investment custodian. The carrying amount of cash held at the custodian approximates fair value because of the relatively short period of time between origination and expected realization, and their limited exposure to credit risk.

Measurements Using Net Asset Value as a Practical Expedient

The fair values of the collective investment fund and the real estate investment trusts are determined by the investment manager, without further adjustment, at the net asset value per share used as a practical expedient. The net asset values are based on the fair values of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Note 8. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following tables summarize information regarding the investments using net asset value as a practical expedient as of April 30, 2025 and 2024:

April 30, 2025					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Collective investment fund	\$12,659,453	Multifamily mortgage-backed	61%	Monthly	15 days
		Single family mortgage-backed	14%		
		U.S. Treasuries	7%		
		Construction and permanent management	6%		
		Other	12%		
Real estate investment trust	\$4,170,271	Real estate properties	92%	Monthly	3 days
		Real estate-related loans and securities	8%		
Real estate investment trust	\$5,531,584	Domestic real estate:		Quarterly	90 days
		Multi-family	44%		
		Office	26%		
		Industrial	19%		
		Other	11%		

April 30, 2024					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Collective investment fund	\$9,427,001	Multifamily mortgage-backed	60%	Monthly	15 days
		Single family mortgage-backed	14%		
		Construction and permanent management	7%		
		Other	19%		
Real estate investment trust	\$4,182,624	Real estate properties	73%	Monthly	3 days
		Real estate-related loans and securities	27%		

Note 9. Risks and Uncertainties

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

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

Note 10. Insurance Premiums

Insurance premiums paid to provide certain group life and health benefits for the years ended April 30, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
AmWINS Group Benefits Inc. - senior health plan medical insurance	\$ 118,671	\$ 96,276
Sun Life Insurance Company - group life insurance	<u>45,488</u>	<u>46,221</u>
Total	<u>\$ 164,159</u>	<u>\$ 142,497</u>

Note 11. Related Organizations

The Plan has three related organizations: Local No. 4 SEIU Health and Welfare Fund (the Nursing Home Fund), SEIU Local No. 4 Pension Fund (the Pension Fund) and SEIU Healthcare Illinois and Indiana (the Union).

The Plan shares staff and facilities with the Nursing Home Fund and the Pension Fund. Salary, payroll taxes, benefits and other expenses including rent are initially paid by the Nursing Home Fund. Expenses are allocated based on estimates of time spent and costs incurred. The expenses allocated to the Plan for the years ended April 30, 2025 and 2024 totaled \$4,039,578 and \$3,703,775 respectively. As of April 30, 2025 and 2024, the amounts owed to the Nursing Home Fund were \$355,730 and \$545,830 respectively.

Rent and utilities expense of \$294,162 for the year ended April 30, 2025 and \$322,829 for 2024 is included in the allocated expenses reimbursed to the Nursing Home Fund.

As described in Note 14, included in the allocation of expenses paid to the Nursing Home Fund are contributions to a multiemployer defined benefit pension plan in the amount of \$501,237 and \$419,387 for the years ended April 30, 2025 and 2024, respectively.

Note 12. Major Employers

Contributions from three employers accounted for approximately 98% and 99% of employer contributions for the years ended April 30, 2025 and 2024, respectively. In the event any employer suspends contributions, the Plan would terminate coverage to the employer's participants as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 13. Property and Equipment

Property and equipment at April 30, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Computer equipment and software	\$ 1,611,132	\$ 1,591,649
Furniture and equipment	118,451	118,451
Leasehold improvements	<u>279,231</u>	<u>279,231</u>
	2,008,814	1,989,331
Less accumulated depreciation and amortization	<u>(1,202,405)</u>	<u>(991,209)</u>
Net property and equipment	<u>\$ 806,409</u>	<u>\$ 998,122</u>

Depreciation and amortization expense was \$211,196 for the year ended April 30, 2025 and \$142,996 for 2024.

Note 14. Participation in Multiemployer Pension Plan

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

The Plan's shared participation in a multiemployer defined benefit pension plan for the years ended April 30, 2025 and 2024 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act		Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status		2025	2024	
		2025	2024			
SEIU Affiliates' Officers and Employees Pension Plan	52-0812348/001	Green as of 1/1/2025	Green as of 1/1/2024	\$ 501,237	\$ 419,387	12/31/2024

Note 14. Participation in Multiemployer Pension Plan (continued)

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

Note 15. Reconciliation of Financial Statements to Form 5500

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 300,360,208	\$ 276,444,460
Less - benefit obligations currently payable	<u>(54,216,614)</u>	<u>(24,879,628)</u>
Net assets available for benefits per the Form 5500	<u>\$ 246,143,594</u>	<u>\$ 251,564,832</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended April 30, 2025:

Benefits paid to or for participants per the financial statements	\$ 126,363,725
Add - amounts currently payable at end of year	54,216,614
Less - amounts currently payable at beginning of year	<u>(24,879,628)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 155,700,711</u>

Note 16. Department of Labor Investigation

The U.S. Department of Labor (DOL) conducted a routine investigation of the Plan for the general purpose of determining compliance with the provisions of Title I of ERISA. The Plan has provided to the DOL all requested information. No indication was provided in the opening letter from the DOL that this review was anything other than routine in nature. Subsequent to year end, the Plan received a closing letter from the DOL in connection with the investigation.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
SEIU Healthcare IL Home Care & Child Care Fund

We have audited the financial statements of SEIU Healthcare IL Home Care & Child Care Fund (the Plan) as of and for the years ended April 30, 2025 and 2024, and our report thereon dated January 14, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

January 14, 2026

SEIU Healthcare IL Home Care & Child Care
Schedule of Assets Held for Investment Purposes
EIN: 26-2336180
Year Ended April 30, 2025

<u>Investment Type</u>	<u>Cost</u>	<u>FMV</u>	<u>Per 5500 at FMV</u>
Interest Bearing Cash - see Statement of Interest Bearing Cash			
Goldman Sachs FS Government Fund	\$ 12,306,058	\$ 12,306,058	\$ 12,306,058
Merrill Lynch Institutional Money Market Fund	789,035	789,035	789,035
Total Interest Bearing Cash	<u>13,095,093</u>	<u>13,095,093</u>	<u>13,095,093</u>
Value of Interests in Registered Investment Companies			
AFL-CIO Housing Investment Trust	14,024,944	12,659,453	12,659,453
Alliance Bernstein High Income Fund - Advisors Class	29,166,383	27,156,101	27,156,101
Blackrock World Income Fund - Instl Class	10,369,440	9,338,719	9,338,719
Eaton Vance Floating Rate	21,759,033	19,822,310	19,822,310
Hartford Int'l Opportunity Fund, Class Y	12,471,144	14,357,788	14,357,788
John Hancock Strategic Income Fund, Class I	11,943,150	11,491,392	11,491,392
Neuberger Berman Strategic Income Fund	56,160,939	53,666,787	53,666,787
PIMCO Total Return Fund Instl	40,895,011	39,500,482	39,500,482
Vanguard Inst Index Fund	43,122,241	54,121,860	54,121,860
Total Value of Interests in Registered Investment Companies	<u>239,912,285</u>	<u>242,114,892</u>	<u>242,114,892</u>
Other Investments			
Brookfield Real Estate Income Trust, Class I	4,907,983	4,170,271	4,170,271
Intercontinental US Real Estate Investment Fund, LLC	5,500,000	5,531,584	5,531,584
Total Other Investments	<u>\$ 10,407,983</u>	<u>\$ 9,701,855</u>	<u>\$ 9,701,855</u>

FOOTNOTES

STATEMENT 1

SCHEDULE C, PART 2, COLUMN D:

THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO PLAN EMPLOYEES AND TRUSTEES AND REPORTED ON SCHEDULE C HAS BEEN DETERMINED IN ACCORDANCE WITH DEPARTMENT OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500. THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED TO BE TAXABLE AS WELL AS NON-TAXABLE UNDER THE CURRENT INTERNAL REVENUE CODE.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
OPTUM RX, INC.	12
OPTUM RX, INC.	13
OPTUM RX, INC.	50
OPTUM RX, INC.	62
OPTUM RX, INC.	99
BRIDGEWAY BENEFIT TECHNOLOGIES	12
BRIDGEWAY BENEFIT TECHNOLOGIES	15
BRIDGEWAY BENEFIT TECHNOLOGIES	49
BRIDGEWAY BENEFIT TECHNOLOGIES	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	299,092.	238,741.
PREPAID EXPENSE	79,491.	63,019.
PRESCRIPTION DRUG REBATES	1,552,700.	2,017,275.
SUBROGATION REFUNDS	135,000.	57,500.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,066,283.	2,376,535.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
REAL ESTATE INVESTMENT TRUSTS	4,182,624.	9,701,855.
TOTAL TO SCHEDULE H, LINE 1C(15)	<u>4,182,624.</u>	<u>9,701,855.</u>

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED FUNDS - NET	545,830.	355,730.
TOTAL TO SCHEDULE H, LINE 1J	<u>545,830.</u>	<u>355,730.</u>

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION	AMOUNT	
CLAIMS AND SUBROGATION REFUNDS	444,364.	
LIQUIDATED DAMAGES, INTEREST AND FEES	2,280.	
TRANSITIONAL REINSURANCE FEE REFUND	720,833.	
TOTAL TO SCHEDULE H, LINE 2C	<u>1,167,477.</u>	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7
DESCRIPTION	AMOUNT	
CLAIMS REVIEW AND CASE MANAGEMENT	2,146,504.	
PREFERRED PROVIDER ACCESS FEES	1,133,120.	
UHS PLAN FEES	13,740,884.	
TOTAL TO SCHEDULE H, LINE 2E(3)	<u>17,020,508.</u>	

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 8

DESCRIPTION	AMOUNT
ACA MANDATED FEES	61,471.
COMMUNICATIONS	2,922.
COMPUTER CONSULTING AND MAINTENANCE	379,246.
CONFERENCE, MEETING & TRAVEL	19,796.
CONSULTING FEES	202,652.
CONTRACT LABOR	210,507.
DEPRECIATION	211,196.
INSURANCE	85,026.
MEMBERSHIP DUES	11,418.
OFFICE EXPENSE & SUPPLIES	70,927.
PAYROLL TAXES	205,366.
POSTAGE AND MAILING	145,932.
PRINTING AND COPYING	7,258.
RENT AND UTILITIES	294,162.
TELEPHONE	58,953.
 TOTAL TO SCHEDULE H, LINE 2I(11)	 <u>1,966,832.</u>

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. 1510-0110
1510-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] 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 [X]
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: SEIU HEALTHCARE IL HOME CARE & CHILD CARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF SEIU IL HOME CARE & CHILD CARE FUND
2b Employer Identification Number (EIN): 26-2336180
2c Plan Sponsor's telephone number: 773-385-9300
2d Business code (see instructions): 541990
2229 S. HALSTED STREET, SUITE 122
CHICAGO IL 60608

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Brynn Seibert, 10-21-25, Brynn Seibert. Row 2: Cary Crawford, 10-21-25, Cary Crawford.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	16,554
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d):		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	16,554
a(2) Total number of active participants at the end of the plan year	6a(2)	18,826
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	18,826
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 2 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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**5% Transactions - Single Transactions
 For the Period May 01, 2024 - April 30, 2025**

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
SEIU 4 HC HC AND CC FUND				
09/24/2024	SALE SETTLEMENT	1,365,247.117 shares PIMCO ALL ASSET FD INSTL Trade 09/23/2024 Settle 09/23/2024 1,365,247.117 Units @ 11.4 Fed Long Term Loss: 287,831.77	14,858,308.55	15,563,817.13
10/21/2024	SALE CASH SETTLEMENT	1,404,899.344 shares DELAWARE DIVERSIFIED INCOME Trade 10/21/2024 Settle 10/21/2024 1,404,899.344 Units @ 7.86999999 Fed Long Term Loss: 844,868.62	10,365,596.46	11,056,557.83
10/21/2024	PURCHASE CASH SETTLEMENT	1,579,466.93 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 1,579,466.93 Units @ 10.13	16,000,000.00	16,000,000.00
07/15/2024	SWEEP PURCHASE	12,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,000,000.00	12,000,000.00
Total Single Transactions			53,223,905.01	54,620,374.96



SEIU 4 HC HC AND CC FUND

**5% Transactions - Non-Security Transactions
For the Period May 01, 2024 - April 30, 2025**

No data in the reporting period



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
SEIU 4 HC HC AND CC FUND				
05/01/2024	SWEEP PURCHASE	1,063.83 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,063.83	1,063.83
05/01/2024	SWEEP PURCHASE	900,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	900,000.00	900,000.00
05/01/2024	SWEEP PURCHASE	18,264.62 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	18,264.62	18,264.62
05/01/2024	SWEEP PURCHASE	27,753.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	27,753.87	27,753.87
05/02/2024	SWEEP PURCHASE	19,938.89 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	19,938.89	19,938.89
05/02/2024	SWEEP SALE	2,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	2,000,000.00	2,000,000.00
05/02/2024	SWEEP PURCHASE	22,597.32 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	22,597.32	22,597.32
05/02/2024	SWEEP SALE	1,550,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,550,000.00	1,550,000.00
05/03/2024	SWEEP PURCHASE	26,194.79 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	26,194.79	26,194.79
05/03/2024	SWEEP SALE	6,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	6,000,000.00	6,000,000.00
05/03/2024	SWEEP SALE	4,416,549.11 shares GOLDMAN SACHS FIN SQ GOVT INST	4,416,549.11	4,416,549.11
05/09/2024	SWEEP SALE	9,772.33 shares GOLDMAN SACHS FIN SQ GOVT INST	9,772.33	9,772.33



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/09/2024	SWEEP SALE	11,298.68 shares GOLDMAN SACHS FIN SQ GOVT INST	11,298.68	11,298.68
05/10/2024	SWEEP PURCHASE	600,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	600,000.00	600,000.00
05/13/2024	SWEEP SALE	1,500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,500,000.00	1,500,000.00
05/24/2024	SWEEP PURCHASE	5,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,000,000.00	5,000,000.00
05/24/2024	SWEEP PURCHASE	3,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,000,000.00	3,000,000.00
05/31/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
05/31/2024	SALE	NEUBERGER BERMAN STRATEGIC	0.00	900,000.00
05/31/2024	SALE	ALLIANCE BERNSTEIN ADVISOR CL	0.00	250,000.00
05/31/2024	REDEMPTION	36,603.2211 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 05/31/2024 Settle 05/31/2024 36,603.2211 Units @ 6.83 Fed Long Term Loss: 35,997.60	250,000.00	0.00
05/31/2024	REDEMPTION	93,167.7019 shares NEUBERGER BERMAN STRATEGIC Trade 05/31/2024 Settle 05/31/2024 93,167.7019 Units @ 9.66 Fed Long Term Loss: 112,951.66	889,751.55	0.00
05/31/2024	SWEEP SALE	4,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	4,000,000.00	4,000,000.00
05/31/2024	PURCHASE	DELAWARE DIVERSIFIED INCOME	0.00	500,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/31/2024	PURCHASE	NEUBERGER BERMAN STRATEGIC	0.00	500,000.00
05/31/2024	PURCHASE	DELAWARE DIVERSIFIED INCOME	0.00	1,000,000.00
05/31/2024	PURCHASE	NEUBERGER BERMAN STRATEGIC	0.00	1,000,000.00
05/31/2024	PURCHASE SETTLEMENT	103,412.6163 shares NEUBERGER BERMAN STRATEGIC Trade 05/31/2024 Settle 05/31/2024 103,412.6163 Units @ 9.67	1,000,000.00	0.00
05/31/2024	PURCHASE SETTLEMENT	133,868.8086 shares DELAWARE DIVERSIFIED INCOME Trade 05/31/2024 Settle 05/31/2024 133,868.8086 Units @ 7.47	1,000,000.00	0.00
05/31/2024	PURCHASE SETTLEMENT	51,759.8344 shares NEUBERGER BERMAN STRATEGIC Trade 05/31/2024 Settle 05/31/2024 51,759.8344 Units @ 9.66	500,000.00	0.00
05/31/2024	PURCHASE SETTLEMENT	67,114.094 shares DELAWARE DIVERSIFIED INCOME Trade 05/31/2024 Settle 05/31/2024 67,114.094 Units @ 7.45	500,000.00	0.00
05/31/2024	SWEEP SALE	1,700,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,700,000.00	1,700,000.00
05/31/2024	PURCHASE	ALLIANCE BERNSTEIN ADVISOR CL	0.00	200,000.00
05/31/2024	PURCHASE	DELAWARE DIVERSIFIED INCOME	0.00	500,000.00
05/31/2024	PURCHASE	NEUBERGER BERMAN STRATEGIC	0.00	600,000.00
05/31/2024	PURCHASE SETTLEMENT	62,047.5698 shares NEUBERGER BERMAN STRATEGIC Trade 05/31/2024 Settle 05/31/2024 62,047.5698 Units @ 9.67	600,000.00	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/31/2024	PURCHASE SETTLEMENT	66,934.4043 shares DELAWARE DIVERSIFIED INCOME Trade 05/31/2024 Settle 05/31/2024 66,934.4043 Units @ 7.47	500,000.00	0.00
05/31/2024	PURCHASE SETTLEMENT	29,027.5762 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 05/31/2024 Settle 05/31/2024 29,027.5762 Units @ 6.89	200,000.00	0.00
06/03/2024	SWEEP PURCHASE	3,213.75 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,213.75	3,213.75
06/03/2024	SWEEP PURCHASE	20,206.64 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,206.64	20,206.64
06/03/2024	SWEEP PURCHASE	25,607.71 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	25,607.71	25,607.71
06/03/2024	SWEEP SALE	1,300,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,300,000.00	1,300,000.00
06/05/2024	SWEEP SALE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,000,000.00	1,000,000.00
06/06/2024	SWEEP PURCHASE	10,756.39 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	10,756.39	10,756.39
06/06/2024	SWEEP PURCHASE	14,823.5 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	14,823.50	14,823.50
06/07/2024	SWEEP PURCHASE	27,580.43 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	27,580.43	27,580.43



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
06/07/2024	SWEEP PURCHASE	43,718.8 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	43,718.80	43,718.80
06/12/2024	SWEEP SALE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,000,000.00	1,000,000.00
06/12/2024	SWEEP SALE	1,550,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,550,000.00	1,550,000.00
06/13/2024	SWEEP SALE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,000,000.00	1,000,000.00
06/13/2024	SWEEP PURCHASE	1,550,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,550,000.00	1,550,000.00
06/14/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
06/17/2024	SWEEP PURCHASE	42,526.09 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	42,526.09	42,526.09
06/17/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
06/17/2024	SWEEP PURCHASE	51,735.75 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	51,735.75	51,735.75
06/20/2024	SWEEP PURCHASE	8,893.89 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	8,893.89	8,893.89
07/01/2024	SWEEP PURCHASE	2,053.34 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,053.34	2,053.34



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
07/01/2024	SWEEP PURCHASE	27,310.94 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	27,310.94	27,310.94
07/01/2024	SWEEP PURCHASE	16,161.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,161.42	16,161.42
07/01/2024	SWEEP PURCHASE	20,829.72 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,829.72	20,829.72
07/01/2024	SWEEP PURCHASE	41,926.79 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	41,926.79	41,926.79
07/02/2024	SWEEP PURCHASE	7,716.65 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,716.65	7,716.65
07/02/2024	SWEEP PURCHASE	14,333.57 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	14,333.57	14,333.57
07/08/2024	SWEEP PURCHASE	17,716.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,716.05	17,716.05
07/08/2024	SWEEP PURCHASE	32,631.28 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	32,631.28	32,631.28
07/15/2024	SWEEP PURCHASE	12,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,000,000.00	12,000,000.00
07/15/2024	SWEEP PURCHASE	5,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,000,000.00	5,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
07/19/2024	SWEEP SALE	1,750,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,750,000.00	1,750,000.00
07/22/2024	SWEEP SALE	10,250,000 shares GOLDMAN SACHS FIN SQ GOVT INST	10,250,000.00	10,250,000.00
07/22/2024	SWEEP SALE	5,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	5,000,000.00	5,000,000.00
07/23/2024	PURCHASE	NEUBERGER BERMAN STRATEGIC	0.00	750,000.00
07/23/2024	PURCHASE SETTLEMENT	76,374.7454 shares NEUBERGER BERMAN STRATEGIC Trade 07/23/2024 Settle 07/23/2024 76,374.7454 Units @ 9.82	750,000.00	0.00
08/01/2024	SWEEP PURCHASE	13,136.35 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,136.35	13,136.35
08/01/2024	SWEEP PURCHASE	17,644.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,644.87	17,644.87
08/01/2024	SWEEP PURCHASE	26,966.21 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	26,966.21	26,966.21
08/02/2024	SWEEP PURCHASE	11,095.22 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	11,095.22	11,095.22
08/02/2024	SWEEP PURCHASE	16,405.73 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,405.73	16,405.73
08/05/2024	SWEEP PURCHASE	13,125.28 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,125.28	13,125.28



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
08/05/2024	SWEEP PURCHASE	16,713.34 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,713.34	16,713.34
08/06/2024	SWEEP PURCHASE	17,998.53 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,998.53	17,998.53
08/06/2024	SWEEP PURCHASE	33,151.59 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	33,151.59	33,151.59
09/03/2024	SWEEP PURCHASE	2,146.51 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,146.51	2,146.51
09/03/2024	SWEEP PURCHASE	17,670.45 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,670.45	17,670.45
09/03/2024	SWEEP PURCHASE	22,322.34 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	22,322.34	22,322.34
09/06/2024	SWEEP PURCHASE	21,181.37 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	21,181.37	21,181.37
09/06/2024	SWEEP PURCHASE	20,727.17 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,727.17	20,727.17
09/09/2024	SWEEP PURCHASE	37,243.65 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	37,243.65	37,243.65
09/09/2024	SWEEP PURCHASE	53,926.17 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	53,926.17	53,926.17



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/12/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
09/13/2024	SWEEP PURCHASE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,000,000.00	1,000,000.00
09/16/2024	SWEEP PURCHASE	62,217.14 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	62,217.14	62,217.14
09/16/2024	SWEEP PURCHASE	75,691.18 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	75,691.18	75,691.18
09/20/2024	SWEEP PURCHASE	877,847.79 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	877,847.79	877,847.79
09/24/2024	SWEEP PURCHASE	17,002.29 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,002.29	17,002.29
09/24/2024	SWEEP PURCHASE	816,036.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	816,036.05	816,036.05
09/27/2024	SWEEP SALE	3,478,894.66 shares GOLDMAN SACHS FIN SQ GOVT INST	3,478,894.66	3,478,894.66
09/30/2024	SWEEP PURCHASE	30,755.46 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	30,755.46	30,755.46
09/30/2024	SWEEP PURCHASE	35,549.65 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	35,549.65	35,549.65



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
10/01/2024	SWEEP PURCHASE	3,518.21 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,518.21	3,518.21
10/01/2024	SWEEP PURCHASE	21,608.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	21,608.87	21,608.87
10/01/2024	SWEEP PURCHASE	18,907.82 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	18,907.82	18,907.82
10/03/2024	SWEEP PURCHASE	16,082.55 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,082.55	16,082.55
10/03/2024	SWEEP PURCHASE	17,823.08 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	17,823.08	17,823.08
10/04/2024	SWEEP SALE	1,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,000,000.00	1,000,000.00
10/07/2024	SWEEP PURCHASE	26,241.07 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	26,241.07	26,241.07
10/07/2024	SWEEP PURCHASE	44,618.21 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	44,618.21	44,618.21
10/09/2024	SWEEP PURCHASE	2,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,000,000.00	2,000,000.00
10/09/2024	SWEEP PURCHASE	500,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	500,000.00	500,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
10/09/2024	SALE CASH SETTLEMENT	348,953.14 shares NEUBERGER BERMAN STRATEGIC Trade 10/09/2024 Settle 10/09/2024 348,953.14 Units @ 10.03000002 Fed Long Term Loss: 244,716.42	3,341,330.27	3,500,000.00
10/11/2024	SWEEP SALE	2,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	2,000,000.00	2,000,000.00
10/11/2024	SWEEP SALE	500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	500,000.00	500,000.00
10/21/2024	PURCHASE CASH SETTLEMENT	592,300.099 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 592,300.099 Units @ 10.13	6,000,000.00	6,000,000.00
10/21/2024	PURCHASE CASH SETTLEMENT	493,653.032 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 10/21/2024 Settle 10/21/2024 493,653.032 Units @ 7.09000001	3,500,000.00	3,500,000.00
10/21/2024	SALE CASH SETTLEMENT	289,695.598 shares DELAWARE DIVERSIFIED INCOME Trade 10/21/2024 Settle 10/21/2024 289,695.598 Units @ 7.87000001 Fed Long Term Loss: 220,375.17	2,133,150.96	2,279,904.36
10/21/2024	PURCHASE CASH SETTLEMENT	1,579,466.93 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 1,579,466.93 Units @ 10.13	16,000,000.00	16,000,000.00
10/21/2024	PURCHASE CASH SETTLEMENT	1,128,349.78 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 10/21/2024 Settle 10/21/2024 1,128,349.78 Units @ 7.09000005	8,000,000.00	8,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
10/21/2024	PURCHASE CASH SETTLEMENT	296,442.688 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 296,442.688 Units @ 10.11999999	3,000,000.00	3,000,000.00
10/21/2024	SALE CASH SETTLEMENT	1,404,899.344 shares DELAWARE DIVERSIFIED INCOME Trade 10/21/2024 Settle 10/21/2024 1,404,899.344 Units @ 7.86999999 Fed Long Term Loss: 844,868.62	10,365,596.46	11,056,557.83
10/21/2024	PURCHASE CASH SETTLEMENT	297,029.703 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 297,029.703 Units @ 10.1	3,000,000.00	3,000,000.00
10/21/2024	PURCHASE CASH SETTLEMENT	494,350.282 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 10/21/2024 Settle 10/21/2024 494,350.282 Units @ 7.08000001	3,500,000.00	3,500,000.00
10/21/2024	SALE CASH SETTLEMENT	470,322.901 shares DELAWARE DIVERSIFIED INCOME Trade 10/21/2024 Settle 10/21/2024 470,322.901 Units @ 7.84999999 Fed Long Term Loss: 795,882.81	3,470,544.30	3,692,034.77
10/21/2024	PURCHASE CASH SETTLEMENT	790,513.834 shares NEUBERGER BERMAN STRATEGIC Trade 10/21/2024 Settle 10/21/2024 790,513.834 Units @ 10.12	8,000,000.00	8,000,000.00
11/01/2024	SWEEP PURCHASE	6,699.08 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,699.08	6,699.08
11/01/2024	SWEEP PURCHASE	23,372.97 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	23,372.97	23,372.97



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
11/01/2024	SWEEP PURCHASE	7,476.1 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,476.10	7,476.10
11/05/2024	SWEEP PURCHASE	12,797.02 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,797.02	12,797.02
11/05/2024	SWEEP PURCHASE	16,284.26 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,284.26	16,284.26
11/06/2024	SWEEP PURCHASE	4,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,000,000.00	4,000,000.00
11/07/2024	SWEEP PURCHASE	14,493.56 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	14,493.56	14,493.56
11/07/2024	SWEEP PURCHASE	20,239.34 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,239.34	20,239.34
11/12/2024	SWEEP PURCHASE	1,500,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,500,000.00	1,500,000.00
11/13/2024	SWEEP SALE	2,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	2,000,000.00	2,000,000.00
11/19/2024	SWEEP SALE	5,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST	5,000,000.00	5,000,000.00
11/22/2024	SWEEP PURCHASE	65,329.8 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	65,329.80	65,329.80
12/02/2024	SWEEP PURCHASE	4,990.94 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,990.94	4,990.94



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
12/02/2024	SWEEP PURCHASE	14,355.89 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	14,355.89	14,355.89
12/02/2024	SWEEP PURCHASE	19,081.18 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	19,081.18	19,081.18
12/04/2024	SWEEP PURCHASE	13,175.53 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,175.53	13,175.53
12/04/2024	SWEEP PURCHASE	19,134.04 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	19,134.04	19,134.04
12/05/2024	SWEEP PURCHASE	12,992.17 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,992.17	12,992.17
12/05/2024	SWEEP PURCHASE	16,532.58 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,532.58	16,532.58
12/11/2024	SWEEP PURCHASE	304.9 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	304.90	304.90
12/13/2024	SWEEP PURCHASE	4,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,000,000.00	4,000,000.00
12/13/2024	SWEEP PURCHASE	3,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,000,000.00	3,000,000.00
12/17/2024	SWEEP SALE	3,050,000 shares GOLDMAN SACHS FIN SQ GOVT INST	3,050,000.00	3,050,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
12/18/2024	SWEEP PURCHASE	400,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	400,000.00	400,000.00
12/18/2024	SWEEP SALE	1,950,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,950,000.00	1,950,000.00
12/18/2024	PURCHASE CASH SETTLEMENT	141,643.059 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 12/18/2024 Settle 12/18/2024 141,643.059 Units @ 7.06000002	1,000,000.00	1,000,000.00
12/18/2024	PURCHASE CASH SETTLEMENT	100,502.513 shares NEUBERGER BERMAN STRATEGIC Trade 12/18/2024 Settle 12/18/2024 100,502.513 Units @ 9.94999996	1,000,000.00	1,000,000.00
12/31/2024	SWEEP PURCHASE	140,564.76 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	140,564.76	140,564.76
12/31/2024	SWEEP PURCHASE	221,483.95 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	221,483.95	221,483.95
01/02/2025	SWEEP PURCHASE	4,857.95 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,857.95	4,857.95
01/02/2025	SWEEP PURCHASE	12,415.3 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,415.30	12,415.30
01/02/2025	SWEEP PURCHASE	20,027.7 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,027.70	20,027.70
01/07/2025	SWEEP PURCHASE	12,438.86 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,438.86	12,438.86



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
01/07/2025	SWEEP PURCHASE	15,828.5 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	15,828.50	15,828.50
01/08/2025	SWEEP PURCHASE	13,831.22 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,831.22	13,831.22
01/08/2025	SWEEP PURCHASE	21,062.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	21,062.42	21,062.42
01/16/2025	SWEEP PURCHASE	0.69 share GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	0.69	0.69
01/17/2025	SWEEP SALE	990,000 shares GOLDMAN SACHS FIN SQ GOVT INST	990,000.00	990,000.00
01/17/2025	SWEEP SALE	3,245,000 shares GOLDMAN SACHS FIN SQ GOVT INST	3,245,000.00	3,245,000.00
01/17/2025	SWEEP SALE	1,265,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,265,000.00	1,265,000.00
01/31/2025	SWEEP PURCHASE	6,982,570.09 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,982,570.09	6,982,570.09
01/31/2025	SWEEP PURCHASE	6,492,300.84 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,492,300.84	6,492,300.84
01/31/2025	SWEEP PURCHASE	11,741.95 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	11,741.95	11,741.95
02/03/2025	SWEEP PURCHASE	5,136.56 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,136.56	5,136.56



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
02/03/2025	SWEEP PURCHASE	12,706.77 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,706.77	12,706.77
02/03/2025	SWEEP PURCHASE	12,777.5 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	12,777.50	12,777.50
02/04/2025	PURCHASE CASH SETTLEMENT	113,636.364 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 02/04/2025 Settle 02/04/2025 113,636.364 Units @ 7.03999998	800,000.00	800,000.00
02/06/2025	SWEEP PURCHASE	11,067.36 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	11,067.36	11,067.36
02/06/2025	SWEEP PURCHASE	39,803.63 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	39,803.63	39,803.63
02/06/2025	SWEEP PURCHASE	13,964.55 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,964.55	13,964.55
02/07/2025	SWEEP PURCHASE	13,568.45 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,568.45	13,568.45
02/07/2025	SWEEP PURCHASE	21,621.06 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	21,621.06	21,621.06
02/14/2025	SWEEP SALE	4,500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	4,500,000.00	4,500,000.00
02/14/2025	SWEEP SALE	4,200,000 shares GOLDMAN SACHS FIN SQ GOVT INST	4,200,000.00	4,200,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
03/03/2025	SWEEP PURCHASE	16,711.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,711.42	16,711.42
03/03/2025	SWEEP PURCHASE	18,885.04 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	18,885.04	18,885.04
03/03/2025	SWEEP PURCHASE	9,555.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	9,555.42	9,555.42
03/04/2025	SWEEP PURCHASE	22,659.49 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	22,659.49	22,659.49
03/04/2025	SWEEP PURCHASE	27,599.93 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	27,599.93	27,599.93
03/05/2025	SWEEP PURCHASE	2,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,000,000.00	2,000,000.00
03/14/2025	SWEEP SALE	400,000 shares GOLDMAN SACHS FIN SQ GOVT INST	400,000.00	400,000.00
03/17/2025	PURCHASE CASH SETTLEMENT	28,653.295 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 03/17/2025 Settle 03/17/2025 28,653.295 Units @ 6.98000003	200,000.00	200,000.00
03/17/2025	PURCHASE CASH SETTLEMENT	20,040.08 shares NEUBERGER BERMAN STRATEGIC Trade 03/17/2025 Settle 03/17/2025 20,040.08 Units @ 9.98000008	200,000.00	200,000.00
03/18/2025	SWEEP SALE	500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	500,000.00	500,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
03/20/2025	SWEEP PURCHASE	7,000,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,000,000.00	7,000,000.00
03/26/2025	SWEEP PURCHASE	51,689.96 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	51,689.96	51,689.96
03/26/2025	SWEEP PURCHASE	63,061.55 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	63,061.55	63,061.55
03/27/2025	SWEEP SALE	3,250,000 shares GOLDMAN SACHS FIN SQ GOVT INST	3,250,000.00	3,250,000.00
03/28/2025	PURCHASE CASH SETTLEMENT	179,340.029 shares ALLIANCE BERNSTEIN ADVISOR CL Trade 03/28/2025 Settle 03/28/2025 179,340.029 Units @ 6.96999999	1,250,000.00	1,250,000.00
03/28/2025	PURCHASE CASH SETTLEMENT	125,376.128 shares NEUBERGER BERMAN STRATEGIC Trade 03/28/2025 Settle 03/28/2025 125,376.128 Units @ 9.97000003	1,250,000.00	1,250,000.00
03/31/2025	SWEEP SALE	3,250,000 shares GOLDMAN SACHS FIN SQ GOVT INST	3,250,000.00	3,250,000.00
04/01/2025	SWEEP PURCHASE	16,985.79 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,985.79	16,985.79
04/01/2025	SWEEP PURCHASE	20,201.66 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,201.66	20,201.66
04/01/2025	SWEEP PURCHASE	10,736.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	10,736.05	10,736.05



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
04/03/2025	SWEEP PURCHASE	31,008.65 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	31,008.65	31,008.65
04/03/2025	SWEEP PURCHASE	32,460.9 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	32,460.90	32,460.90
Total			241,886,383.83	243,114,507.25
05/03/2024	PURCHASE SETTLEMENT	157,480.315 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 05/02/2024 Settle 05/02/2024 157,480.315 Units @ 6.35	1,000,000.00	1,000,000.00
05/03/2024	REINVESTMENT	11,373.975 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 05/01/2024 Settle 05/01/2024 11,373.975 Units @ 6.35	72,224.74	0.00
05/03/2024	PURCHASE SETTLEMENT	157,480.315 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 05/02/2024 Settle 05/02/2024 157,480.315 Units @ 6.35	1,000,000.00	1,000,000.00
05/31/2024	PURCHASE SETTLEMENT	157,480.315 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 05/30/2024 Settle 05/30/2024 157,480.315 Units @ 6.35	1,000,000.00	1,000,000.00
05/31/2024	PURCHASE SETTLEMENT	78,740.157 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 05/30/2024 Settle 05/30/2024 78,740.157 Units @ 6.35	500,000.00	500,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
06/07/2024	REINVESTMENT	12,764.072 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 06/01/2024 Settle 06/01/2024 12,764.072 Units @ 6.36	81,179.50	0.00
07/08/2024	REINVESTMENT	13,790.21 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 07/01/2024 Settle 07/01/2024 13,790.21 Units @ 6.34	87,429.93	0.00
08/06/2024	REINVESTMENT	14,091.934 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 08/01/2024 Settle 08/01/2024 14,091.934 Units @ 6.35	89,483.78	0.00
09/09/2024	REINVESTMENT	14,425.31 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/01/2024 Settle 09/01/2024 14,425.31 Units @ 6.33	91,312.21	0.00
09/20/2024	SALE SETTLEMENT	376,241.739 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/19/2024 Settle 09/19/2024 376,241.739 Units @ 6.32 Fed Long Term Loss: 117,474.10	2,389,135.04	2,377,847.79
09/23/2024	SALE SETTLEMENT	1,424,050.633 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/20/2024 Settle 09/20/2024 1,424,050.633 Units @ 6.32 Fed Long Term Loss: 292,710.19	9,042,721.52	9,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/24/2024	SALE SETTLEMENT	475,034.64 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/23/2024 Settle 09/23/2024 475,034.64 Units @ 6.32 Fed Long Term Loss: 97,642.24	3,016,171.19	3,002,218.92
09/26/2024	SALE SETTLEMENT	237,717.908 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/25/2024 Settle 09/25/2024 237,717.908 Units @ 6.31 Fed Long Term Loss: 26,096.92	1,509,508.72	1,500,000.00
09/27/2024	SALE SETTLEMENT	455,283.18 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 09/26/2024 Settle 09/26/2024 455,283.18 Units @ 6.31 Fed Long Term Loss: 49,981.46	2,891,048.19	2,872,836.87
10/07/2024	REINVESTMENT	10,229.406 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 10/01/2024 Settle 10/01/2024 10,229.406 Units @ 6.31	64,547.55	0.00
11/07/2024	REINVESTMENT	74.979 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 11/01/2024 Settle 11/01/2024 74.979 Units @ 6.31	473.12	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
11/22/2024	SALE SETTLEMENT	10,304.385 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 11/21/2024 Settle 11/21/2024 10,304.385 Units @ 6.34 Fed Long Term Gain: 309.13	65,020.67	65,329.80
12/05/2024	REINVESTMENT	48.091 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 12/01/2024 Settle 12/01/2024 48.091 Units @ 6.34	304.90	0.00
12/11/2024	SALE SETTLEMENT	48.091 shares CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 12/10/2024 Settle 12/10/2024 48.091 Units @ 6.34	304.90	304.90
01/07/2025	REINVESTMENT	0.109 share CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 01/01/2025 Settle 01/01/2025 0.109 Units @ 6.33	0.69	0.00
01/16/2025	SALE SETTLEMENT	0.109 share CREDIT SUISSE FLOATING RATE HIGH INCOME FUND-I Trade 01/15/2025 Settle 01/15/2025 0.109 Units @ 6.33	0.69	0.69
Total CREDIT SUISSE			22,900,867.34	22,318,538.97
05/03/2024	PURCHASE SETTLEMENT	119,331.742 shares PIMCO TOTAL RETURN FD INSTL Trade 05/02/2024 Settle 05/02/2024 119,331.742 Units @ 8.38	1,000,000.00	1,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/03/2024	REINVESTMENT	4,587.782 shares PIMCO TOTAL RETURN FD INSTL Trade 05/01/2024 Settle 05/01/2024 4,587.782 Units @ 8.31	38,124.47	0.00
05/03/2024	PURCHASE SETTLEMENT	59,665.871 shares PIMCO TOTAL RETURN FD INSTL Trade 05/02/2024 Settle 05/02/2024 59,665.871 Units @ 8.38	500,000.00	500,000.00
05/31/2024	PURCHASE SETTLEMENT	50,475.059 shares PIMCO TOTAL RETURN FD INSTL Trade 05/30/2024 Settle 05/30/2024 50,475.059 Units @ 8.42	425,000.00	425,000.00
06/07/2024	REINVESTMENT	5,479.159 shares PIMCO TOTAL RETURN FD INSTL Trade 06/01/2024 Settle 06/01/2024 5,479.159 Units @ 8.45	46,298.89	0.00
07/02/2024	REINVESTMENT	4,654.711 shares PIMCO TOTAL RETURN FD INSTL Trade 07/01/2024 Settle 07/01/2024 4,654.711 Units @ 8.49	39,518.50	0.00
07/22/2024	PURCHASE SETTLEMENT	291,036.088 shares PIMCO TOTAL RETURN FD INSTL Trade 07/19/2024 Settle 07/19/2024 291,036.088 Units @ 8.59	2,500,000.00	2,500,000.00
07/22/2024	PURCHASE SETTLEMENT	116,414.435 shares PIMCO TOTAL RETURN FD INSTL Trade 07/19/2024 Settle 07/19/2024 116,414.435 Units @ 8.59	1,000,000.00	1,000,000.00
08/02/2024	REINVESTMENT	4,862.343 shares PIMCO TOTAL RETURN FD INSTL Trade 08/01/2024 Settle 08/01/2024 4,862.343 Units @ 8.68	42,205.14	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/09/2024	REINVESTMENT	5,161.961 shares PIMCO TOTAL RETURN FD INSTL Trade 09/01/2024 Settle 09/01/2024 5,161.961 Units @ 8.74	45,115.54	0.00
09/20/2024	SALE SETTLEMENT	84,459.459 shares PIMCO TOTAL RETURN FD INSTL Trade 09/19/2024 Settle 09/19/2024 84,459.459 Units @ 8.88 Fed Long Term Loss: 32,770.79	714,527.02	750,000.00
09/23/2024	PURCHASE SETTLEMENT	225,225.225 shares PIMCO TOTAL RETURN FD INSTL Trade 09/20/2024 Settle 09/20/2024 225,225.225 Units @ 8.88	2,000,000.00	2,000,000.00
10/07/2024	REINVESTMENT	4,591.479 shares PIMCO TOTAL RETURN FD INSTL Trade 10/01/2024 Settle 10/01/2024 4,591.479 Units @ 8.84	40,588.67	0.00
10/09/2024	SALE SETTLEMENT	57,273.769 shares PIMCO TOTAL RETURN FD INSTL Trade 10/08/2024 Settle 10/08/2024 57,273.769 Units @ 8.73 Fed Long Term Loss: 30,813.65	484,536.09	500,000.00
11/07/2024	REINVESTMENT	6,198.035 shares PIMCO TOTAL RETURN FD INSTL Trade 11/01/2024 Settle 11/01/2024 6,198.035 Units @ 8.57	53,117.16	0.00
12/04/2024	REINVESTMENT	5,822.411 shares PIMCO TOTAL RETURN FD INSTL Trade 12/01/2024 Settle 12/01/2024 5,822.411 Units @ 8.66	50,422.08	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
12/18/2024	PURCHASE SETTLEMENT	58,411.215 shares PIMCO TOTAL RETURN FD INSTL Trade 12/17/2024 Settle 12/17/2024 58,411.215 Units @ 8.56	500,000.00	500,000.00
01/08/2025	REINVESTMENT	6,265.823 shares PIMCO TOTAL RETURN FD INSTL Trade 01/01/2025 Settle 01/01/2025 6,265.823 Units @ 8.48	53,134.18	0.00
01/29/2025	PURCHASE SETTLEMENT	193,434.936 shares PIMCO TOTAL RETURN FD INSTL Trade 01/28/2025 Settle 01/28/2025 193,434.936 Units @ 8.53	1,650,000.00	1,650,000.00
01/29/2025	PURCHASE SETTLEMENT	586,166.471 shares PIMCO TOTAL RETURN FD INSTL Trade 01/28/2025 Settle 01/28/2025 586,166.471 Units @ 8.53	5,000,000.00	5,000,000.00
01/29/2025	PURCHASE SETTLEMENT	293,083.236 shares PIMCO TOTAL RETURN FD INSTL Trade 01/28/2025 Settle 01/28/2025 293,083.236 Units @ 8.53	2,500,000.00	2,500,000.00
02/07/2025	REINVESTMENT	6,051.33 shares PIMCO TOTAL RETURN FD INSTL Trade 02/01/2025 Settle 02/01/2025 6,051.33 Units @ 8.52	51,557.33	0.00
02/14/2025	PURCHASE SETTLEMENT	292,740.047 shares PIMCO TOTAL RETURN FD INSTL Trade 02/13/2025 Settle 02/13/2025 292,740.047 Units @ 8.54	2,500,000.00	2,500,000.00
02/14/2025	PURCHASE SETTLEMENT	491,803.279 shares PIMCO TOTAL RETURN FD INSTL Trade 02/13/2025 Settle 02/13/2025 491,803.279 Units @ 8.54	4,200,000.00	4,200,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
03/04/2025	REINVESTMENT	8,234.8 shares PIMCO TOTAL RETURN FD INSTL Trade 03/01/2025 Settle 03/01/2025 8,234.8 Units @ 8.71	71,725.11	0.00
03/31/2025	PURCHASE SETTLEMENT	115,340.254 shares PIMCO TOTAL RETURN FD INSTL Trade 03/28/2025 Settle 03/28/2025 115,340.254 Units @ 8.67	1,000,000.00	1,000,000.00
04/03/2025	REINVESTMENT	10,572.512 shares PIMCO TOTAL RETURN FD INSTL Trade 04/01/2025 Settle 04/01/2025 10,572.512 Units @ 8.68	91,769.40	0.00
Total PIMCO			26,597,639.58	26,025,000.00
05/03/2024	PURCHASE SETTLEMENT	91,743.119 shares PIMCO ALL ASSET FD INSTL Trade 05/02/2024 Settle 05/02/2024 91,743.119 Units @ 10.9	1,000,000.00	1,000,000.00
05/03/2024	PURCHASE SETTLEMENT	133,027.523 shares PIMCO ALL ASSET FD INSTL Trade 05/02/2024 Settle 05/02/2024 133,027.523 Units @ 10.9	1,450,000.00	1,450,000.00
05/31/2024	PURCHASE SETTLEMENT	90,497.738 shares PIMCO ALL ASSET FD INSTL Trade 05/30/2024 Settle 05/30/2024 90,497.738 Units @ 11.05	1,000,000.00	1,000,000.00
06/17/2024	REINVESTMENT	15,344.498 shares @ 0.12701 PIMCO ALL ASSET FD INSTL	168,636.03	0.00
09/16/2024	REINVESTMENT	22,164.442 shares @ 0.18582 PIMCO ALL ASSET FD INSTL	249,571.62	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/24/2024	SALE SETTLEMENT	334,824.762 shares PIMCO ALL ASSET FD INSTL Trade 09/23/2024 Settle 09/23/2024 334,824.762 Units @ 11.4 Fed Long Term Loss: 158,608.86	3,636,196.92	3,817,002.29
09/24/2024	SALE SETTLEMENT	1,365,247.117 shares PIMCO ALL ASSET FD INSTL Trade 09/23/2024 Settle 09/23/2024 1,365,247.117 Units @ 11.4 Fed Long Term Loss: 287,831.77	14,858,308.55	15,563,817.13
09/26/2024	SALE SETTLEMENT	175,438.596 shares PIMCO ALL ASSET FD INSTL Trade 09/25/2024 Settle 09/25/2024 175,438.596 Units @ 11.4 Fed Long Term Gain: 9,321.63	1,907,017.54	2,000,000.00
09/27/2024	SALE SETTLEMENT	231,897.414 shares PIMCO ALL ASSET FD INSTL Trade 09/26/2024 Settle 09/26/2024 231,897.414 Units @ 11.42 Fed Long Term Gain: 16,959.41	2,521,972.63	2,648,268.47
Total PIMCO			26,791,703.29	27,479,087.89
05/01/2024	SALE SETTLEMENT	1,205.72 shares VANGUARD INST INDEX Trade 04/30/2024 Settle 04/30/2024 1,205.72 Units @ 414.69 Fed Long Term Gain: 144,470.47	500,000.03	500,000.00
05/03/2024	PURCHASE SETTLEMENT	3,596.691 shares VANGUARD INST INDEX Trade 05/02/2024 Settle 05/02/2024 3,596.691 Units @ 417.05	1,500,000.00	1,500,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/03/2024	PURCHASE SETTLEMENT	1,798.346 shares VANGUARD INST INDEX Trade 05/02/2024 Settle 05/02/2024 1,798.346 Units @ 417.05	750,000.00	750,000.00
05/31/2024	PURCHASE SETTLEMENT	2,316.262 shares VANGUARD INST INDEX Trade 05/30/2024 Settle 05/30/2024 2,316.262 Units @ 431.73	1,000,000.00	1,000,000.00
05/31/2024	PURCHASE SETTLEMENT	810.692 shares VANGUARD INST INDEX Trade 05/30/2024 Settle 05/30/2024 810.692 Units @ 431.73	350,000.00	350,000.00
07/01/2024	REINVESTMENT	185.727 shares @ 1.6049 VANGUARD INST INDEX	83,436.18	0.00
07/22/2024	PURCHASE SETTLEMENT	7,723.371 shares VANGUARD INST INDEX Trade 07/19/2024 Settle 07/19/2024 7,723.371 Units @ 453.17	3,500,000.00	3,500,000.00
07/22/2024	PURCHASE SETTLEMENT	3,310.016 shares VANGUARD INST INDEX Trade 07/19/2024 Settle 07/19/2024 3,310.016 Units @ 453.17	1,500,000.00	1,500,000.00
09/20/2024	PURCHASE SETTLEMENT	1,590.634 shares VANGUARD INST INDEX Trade 09/19/2024 Settle 09/19/2024 1,590.634 Units @ 471.51	750,000.00	750,000.00
09/23/2024	PURCHASE SETTLEMENT	14,874.628 shares VANGUARD INST INDEX Trade 09/20/2024 Settle 09/20/2024 14,874.628 Units @ 470.6	7,000,000.00	7,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/26/2024	PURCHASE SETTLEMENT	3,176.418 shares VANGUARD INST INDEX Trade 09/25/2024 Settle 09/25/2024 3,176.418 Units @ 472.23	1,500,000.00	1,500,000.00
09/30/2024	REINVESTMENT	210.572 shares @ 1.4827 VANGUARD INST INDEX	99,413.18	0.00
10/09/2024	SALE SETTLEMENT	1,584.418 shares VANGUARD INST INDEX Trade 10/08/2024 Settle 10/08/2024 1,584.418 Units @ 473.36 Fed Long Term Gain: 167,954.48	686,639.23	750,000.00
11/12/2024	SALE SETTLEMENT	3,037.114 shares VANGUARD INST INDEX Trade 11/08/2024 Settle 11/08/2024 3,037.114 Units @ 493.89 Fed Long Term Gain: 384,297.84	1,316,224.47	1,500,000.00
12/18/2024	PURCHASE SETTLEMENT	1,902.702 shares VANGUARD INST INDEX Trade 12/17/2024 Settle 12/17/2024 1,902.702 Units @ 499.29	950,000.00	950,000.00
12/31/2024	REINVESTMENT	218.109 shares @ 1.5595 VANGUARD INST INDEX	104,890.91	0.00
12/31/2024	REINVESTMENT	35.068 shares @ 5.101329 VANGUARD INST INDEX	16,864.47	0.00
12/31/2024	REINVESTMENT	678.396 shares @ 5.101329 VANGUARD INST INDEX	326,247.46	0.00
02/14/2025	PURCHASE SETTLEMENT	4,012.036 shares VANGUARD INST INDEX Trade 02/13/2025 Settle 02/13/2025 4,012.036 Units @ 498.5	2,000,000.00	2,000,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
03/18/2025	PURCHASE SETTLEMENT	1,078.981 shares VANGUARD INST INDEX Trade 03/17/2025 Settle 03/17/2025 1,078.981 Units @ 463.4	500,000.00	500,000.00
03/26/2025	REINVESTMENT	237.541 shares @ 1.635 VANGUARD INST INDEX	111,492.11	0.00
03/26/2025	REINVESTMENT	14.749 shares @ 0.801785 VANGUARD INST INDEX	6,922.74	0.00
03/26/2025	REINVESTMENT	101.738 shares @ 0.801785 VANGUARD INST INDEX	47,751.70	0.00
03/31/2025	PURCHASE SETTLEMENT	3,859.131 shares VANGUARD INST INDEX Trade 03/28/2025 Settle 03/28/2025 3,859.131 Units @ 453.47	1,750,000.00	1,750,000.00
Total VANGUARD			26,349,882.48	25,800,000.00
05/01/2024	SALE SETTLEMENT	11,098.779 shares WESTERN ASSET CORE PLUS BD I Trade 04/30/2024 Settle 04/30/2024 11,098.779 Units @ 9.01 Fed Long Term Loss: 28,372.30	100,000.00	100,000.00
05/03/2024	PURCHASE SETTLEMENT	109,890.11 shares WESTERN ASSET CORE PLUS BD I Trade 05/02/2024 Settle 05/02/2024 109,890.11 Units @ 9.1	1,000,000.00	1,000,000.00
05/03/2024	PURCHASE SETTLEMENT	60,439.56 shares WESTERN ASSET CORE PLUS BD I Trade 05/02/2024 Settle 05/02/2024 60,439.56 Units @ 9.1	550,000.00	550,000.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
05/06/2024	REINVESTMENT	4,146.7 shares WESTERN ASSET CORE PLUS BD I Trade 05/01/2024 Settle 05/01/2024 4,146.7 Units @ 9.01	37,361.77	0.00
05/31/2024	PURCHASE SETTLEMENT	46,549.836 shares WESTERN ASSET CORE PLUS BD I Trade 05/30/2024 Settle 05/30/2024 46,549.836 Units @ 9.13	425,000.00	425,000.00
06/06/2024	REINVESTMENT	4,948.555 shares WESTERN ASSET CORE PLUS BD I Trade 06/01/2024 Settle 06/01/2024 4,948.555 Units @ 9.16	45,328.76	0.00
07/01/2024	REINVESTMENT	4,153.247 shares WESTERN ASSET CORE PLUS BD I Trade 06/28/2024 Settle 06/28/2024 4,153.247 Units @ 9.19	38,168.34	0.00
07/22/2024	PURCHASE SETTLEMENT	269,396.552 shares WESTERN ASSET CORE PLUS BD I Trade 07/19/2024 Settle 07/19/2024 269,396.552 Units @ 9.28	2,500,000.00	2,500,000.00
07/22/2024	PURCHASE SETTLEMENT	107,758.621 shares WESTERN ASSET CORE PLUS BD I Trade 07/19/2024 Settle 07/19/2024 107,758.621 Units @ 9.28	1,000,000.00	1,000,000.00
08/05/2024	REINVESTMENT	4,562.952 shares WESTERN ASSET CORE PLUS BD I Trade 08/01/2024 Settle 08/01/2024 4,562.952 Units @ 9.37	42,754.86	0.00
09/06/2024	REINVESTMENT	4,850.319 shares WESTERN ASSET CORE PLUS BD I Trade 08/30/2024 Settle 08/30/2024 4,850.319 Units @ 9.46	45,884.02	0.00



5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
09/20/2024	SALE SETTLEMENT	207,900.208 shares WESTERN ASSET CORE PLUS BD I Trade 09/19/2024 Settle 09/19/2024 207,900.208 Units @ 9.62 Fed Long Term Loss: 169,479.95	1,900,207.90	2,000,000.00
09/26/2024	SALE SETTLEMENT	104,493.208 shares WESTERN ASSET CORE PLUS BD I Trade 09/25/2024 Settle 09/25/2024 104,493.208 Units @ 9.57 Fed Long Term Loss: 20,446.85	949,843.26	1,000,000.00
10/03/2024	REINVESTMENT	4,288.23 shares WESTERN ASSET CORE PLUS BD I Trade 10/01/2024 Settle 10/01/2024 4,288.23 Units @ 9.56	40,995.48	0.00
11/05/2024	REINVESTMENT	4,901.292 shares WESTERN ASSET CORE PLUS BD I Trade 10/31/2024 Settle 10/31/2024 4,901.292 Units @ 9.22	45,189.91	0.00
12/05/2024	REINVESTMENT	4,948.247 shares WESTERN ASSET CORE PLUS BD I Trade 11/29/2024 Settle 11/29/2024 4,948.247 Units @ 9.31	46,068.18	0.00
01/07/2025	REINVESTMENT	4,883.039 shares WESTERN ASSET CORE PLUS BD I Trade 01/01/2025 Settle 01/01/2025 4,883.039 Units @ 9.07	44,289.16	0.00
01/29/2025	SALE SETTLEMENT	227,272.727 shares WESTERN ASSET CORE PLUS BD I Trade 01/28/2025 Settle 01/28/2025 227,272.727 Units @ 9.13 Fed Long Term Loss: 296,636.02	2,079,545.45	2,075,000.00



**5% Transactions - By Issue
For the Period May 01, 2024 - April 30, 2025**

SEIU 4 HC HC AND CC FUND

Date	Transaction	Description	EBT Cost	Market Value
01/29/2025	SALE SETTLEMENT	711,938.664 shares WESTERN ASSET CORE PLUS BD I Trade 01/28/2025 Settle 01/28/2025 711,938.664 Units @ 9.13 Fed Long Term Loss: 1,212,179.85	6,428,806.14	6,500,000.00
01/29/2025	SALE SETTLEMENT	339,539.978 shares WESTERN ASSET CORE PLUS BD I Trade 01/28/2025 Settle 01/28/2025 339,539.978 Units @ 9.13 Fed Long Term Loss: 215,837.51	3,083,023.00	3,100,000.00
01/31/2025	SALE SETTLEMENT	109,348.617 shares WESTERN ASSET CORE PLUS BD I Trade 01/30/2025 Settle 01/30/2025 109,348.617 Units @ 9.14 Fed Long Term Loss: 141,628.17	999,122.90	999,446.36
01/31/2025	SALE SETTLEMENT	491,498.998 shares WESTERN ASSET CORE PLUS BD I Trade 01/30/2025 Settle 01/30/2025 491,498.998 Units @ 9.14 Fed Long Term Loss: 831,934.05	4,434,537.73	4,492,300.84
01/31/2025	SALE SETTLEMENT	88,812.03 shares WESTERN ASSET CORE PLUS BD I Trade 01/30/2025 Settle 01/30/2025 88,812.03 Units @ 9.14 Fed Long Term Loss: 55,567.59	808,189.50	811,741.95
Total WESTERN ASSET			26,644,316.36	26,553,489.15
Total All Issues			371,170,792.88	371,290,623.26