

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **01-01-2022**, and ending **12-31-2022**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
55 BROADWAY - 27TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10006

**D** Employer identification number  
13-3968546

**E** Telephone number  
(212) 766-5700

**G** Gross receipts \$ 1,231,714,290

**F** Name and address of principal officer:  
55 BROADWAY - 27TH FLOOR  
NEW YORK, NY 10006

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( 9 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.milamhctf.com](http://www.milamhctf.com)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1997 **M** State of legal domicile: NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION (VEBA) TO ADMINISTER HEALTH AND WELFARE BENEFITS OF A TAFT HARTLEY FUND PROVIDING BENEFITS TO OVER 83,000 PARTICIPANTS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |    |    |
|--|----|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 3  | 18 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 18 |
| <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | 5  | 5  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  |    |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11       | 7b |    |

|  | Prior Year  | Current Year |
|--|-------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                     |             | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 685,198,803 | 735,503,960  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 6,836,680   | 1,841,415    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 81,829,203  | 88,628,305   |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 773,864,686 | 825,973,680  |

|   |             |             |
|---|-------------|-------------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  |             | 0           |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 722,928,849 | 742,702,194 |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 798,976     | 838,119     |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |             | 0           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |             |             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 6,849,496   | 7,401,017   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 730,577,321 | 750,941,330 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 43,287,365  | 75,032,350  |

|  | Beginning of Current Year | End of Year   |
|--|---------------------------|---------------|
| <b>20</b> Total assets (Part X, line 16)                             | 1,464,545,299             | 1,415,627,358 |
| <b>21</b> Total liabilities (Part X, line 26)                        | 85,518,642                | 92,185,922    |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 1,379,026,657             | 1,323,441,436 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2023-11-09

LAVERNE THOMPSON Executive Director  
Type or print name and title

**Paid Preparer Use Only**

|  |                      |      |   |                |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name   | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00528300 |
| Firm's name ▶ DESENA & COMPANY CPAS LLC                                    |                      |      | Firm's EIN ▶ 20-0609534                         |                |
| Firm's address ▶ 100 Eagle Rock Avenue Suite 110<br>East Hanover, NJ 07936 |                      |      | Phone no. (973) 602-3300                        |                |

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION (VEBA) TO ADMINISTER HEALTH AND WELFARE BENEFITS OF A TAFT HARTLEY FUND PROVIDING BENEFITS TO OVER 83,000 PARTICIPANTS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

| Part IV Checklist of Required Schedules |   | Yes | No |
|---|---|-----|----|
| <b>1</b>                                | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   |     | No |
| <b>2</b>                                | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .  |     | No |
| <b>3</b>                                | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | No |
| <b>4</b>                                | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   |     |    |
| <b>5</b>                                | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .  |     | No |
| <b>6</b>                                | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | No |
| <b>7</b>                                | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | No |
| <b>8</b>                                | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | No |
| <b>9</b>                                | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .             |     | No |
| <b>10</b>                               | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .  |     | No |
| <b>11</b>                               | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| <b>11a</b>                              | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | Yes |    |
| <b>11b</b>                              | Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   |     | No |
| <b>11c</b>                              | Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .   |     | No |
| <b>11d</b>                              | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .  | Yes |    |
| <b>11e</b>                              | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | Yes |    |
| <b>11f</b>                              | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  |     | No |
| <b>12a</b>                              | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  |     | No |
| <b>12b</b>                              | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | No |
| <b>13</b>                               | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | No |
| <b>14a</b>                              | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | No |
| <b>14b</b>                              | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . |     | No |
| <b>15</b>                               | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .  |     | No |
| <b>16</b>                               | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .  |     | No |
| <b>17</b>                               | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .   |     | No |
| <b>18</b>                               | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .  |     | No |
| <b>19</b>                               | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .  |     | No |
| <b>20a</b>                              | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | No |
| <b>20b</b>                              | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>                               | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | No |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17. Each question has a corresponding box for the answer.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) LAVERNE THOMPSON<br>EXECUTIVE DIRECTOR | 0.00   |   |                       |         |              |                              | 281,200 | 0   | 33,744   |   |
| (2) ROBIN CSABON<br>DIRECTOR OF ACCOUNTING | 0.00   |   |                       |         |              |                              | 249,500 | 0   | 29,940   |   |
| (3) DAVID F ADAM<br>Co-Chairman            | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (4) JAMES CAMPBELL<br>Trustee              | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (5) MICHAEL VIGNERON<br>Trustee            | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (6) WILLIE SEYMORE<br>Trustee              | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (7) ALAN ROBB<br>Trustee                   | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (8) JOHN NARDI<br>Trustee                  | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (9) SHAREEN LARMOND<br>Trustee             | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (10) PATRICK DOLAN<br>Trustee              | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (11) BENNY HOLLAND JR<br>Co-Chairman       | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (12) ROGER GIESINGER<br>Trustee            | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (13) KELLY STRONG<br>Trustee               | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (14) BERNARD O'DONNELL<br>Trustee          | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (15) KENNETH RILEY<br>Trustee              | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (16) EDDIE MONTOTO<br>Trustee              | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (17) DAVID CICALESSE<br>Trustee            | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (18) JAMES H PAYLOR<br>Trustee                                 | 0.00<br>0.00   | X   |                       |         |              |                              |         | 0   | 0  | 0   |
| (19) JAMES R GRAY JR<br>Trustee                                | 0.00<br>0.00   | X   |                       |         |              |                              |         | 0   | 0  | 0   |
| (20) ANISSA FRUCCI<br>Trustee                                  | 0.00<br>0.00   | X   |                       |         |              |                              |         | 0   | 0  | 0   |
|  |  |   |                       |         |              |                              |         |   |  |   |
|  |  |   |                       |         |              |                              |         |   |  |   |
|  |  |   |                       |         |              |                              |         |   |  |   |
|  |  |   |                       |         |              |                              |         |   |  |   |
|  |  |   |                       |         |              |                              |         |   |  |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |         |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |         |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 530,700 |   |  | 63,684  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| CIGNA HEALTH CARE<br>5082 COLLECTION CENTER DRIVE<br>CHICAGO, IL 606930050        | ADMINISTRATION                 | 11,245,033          |
| CVSCAREMARK<br>PO BOX 848001<br>DALLAS, TX 752848001                              | ADMINISTRATION                 | 872,403             |
| AETNA<br>PO BOX 70944<br>CHICAGO, IL 606730944                                    | ADMINISTRATION                 | 804,338             |
| BOYD WATTERSON ASSET MGMT LLC<br>1801 EAST 9TH ST STE 1400<br>CLEVELAND, OH 44114 | INVESTMENT MANAGER             | 1,179,296           |
| CCC SERVICE CORPORATION<br>125 CHUBB AVE SUITE 350NB<br>LYNDHURST, NJ 07071       | ASSESSMENT AUDITOR             | 450,000             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 21**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |
|--|--|---|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>   |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .  | <b>1f</b>   |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .  | <b>1g</b>   |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |   |                      | 0  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b> MEMBERSHIP DUES & ASESMNT  | Business Code<br>561000   | 735,503,960          | 735,503,960  |   |  |  |
|  | <b>b</b>   |   |                      |  |   |  |  |
|  | <b>c</b>   |   |                      |  |   |  |  |
|  | <b>d</b>   |   |                      |  |   |  |  |
|  | <b>e</b>   |   |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue.  |   |                      |  |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f. . . . .   |   | 735,503,960          |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |   | 7,096,348            | 7,096,348  |   |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   | 0                    |  |   |  |  |
|  | <b>5</b> Royalties . . . . .   |   | 0                    |  |   |  |  |
|  | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal        |  |   |  |  |
|  |  | <b>6b</b> Less: rental expenses                                 |                      |  |   |  |  |
|  |  | <b>6c</b> Rental income or (loss)                               |                      |  |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) . . . . .                  |                      | 0  |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |  |   |  |  |
|  |  | <b>7b</b> Less: cost or other basis and sales expenses          |                      |  |   |  |  |
|  |  | <b>7c</b> Gain or (loss)  |                      |  |   |  |  |
|  |  | <b>d</b> Net gain or (loss) . . . . .                           |                      | -5,254,933   | -5,254,933                              |  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . |   |                      |  |   |  |  |
|  |  | <b>8b</b> Less: direct expenses . . . . .                       |                      |  |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . |                      | 0  |   |  |  |
|  | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  |   |                      |  |   |  |  |
| <b>9b</b> Less: direct expenses . . . . .                                  |  |   |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |  |   | 0                    |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . |  |   |                      |  |   |  |  |
|  | <b>10b</b> Less: cost of goods sold . . . . .  |   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |   | 0                    |  |   |  |  |
| Miscellaneous Revenue  | Business Code  |   |                      |  |   |  |  |
| <b>11a</b> BENEFITS REIMBURSED   |  | 6,328,818   | 6,328,818            |  |   |  |  |
| <b>b</b> MEDICARE PART D SUBSIDY   |  | 7,550,087   | 7,550,087            |  |   |  |  |
| <b>c</b> PHARMACEUTICAL REBATES  |  | 74,749,400  | 74,749,400           |  |   |  |  |
| <b>d</b> All other revenue . . . . .                                       |  |   |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                |  | 88,628,305  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .                        |  | 825,973,680   | 825,973,680          |  |   |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0                            |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0                            |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 0                            |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  | 742,702,194                  |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 594,384                      |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 175,440                      |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 25,483                       |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .  | 0                            |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .   | 42,812                       |  |   |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 0                            |  |   |                                    |
| <b>b</b> Legal . . . . .  | 880,584                      |  |   |                                    |
| <b>c</b> Accounting . . . . .   | 238,422                      |  |   |                                    |
| <b>d</b> Lobbying . . . . .   | 0                            |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 3,706,891                    |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 120,071                      |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 0                            |  |   |                                    |
| <b>13</b> Office expenses . . . . .   | 103,891                      |  |   |                                    |
| <b>14</b> Information technology . . . . .  | 0                            |  |   |                                    |
| <b>15</b> Royalties . . . . .   | 0                            |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 174,174                      |  |   |                                    |
| <b>17</b> Travel . . . . .  | 10,247                       |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                            |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 122,313                      |  |   |                                    |
| <b>20</b> Interest . . . . .  | 0                            |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 26,143                       |  |   |                                    |
| <b>23</b> Insurance . . . . .   | 305,776                      |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> ASSESSMENT AUDITOR   | 450,000                      |  |   |                                    |
| <b>b</b> ACTUARIAL & BENEFIT CONSULTING   | 336,073                      |  |   |                                    |
| <b>c</b> COMPUTER CONSULTING  | 324,456                      |  |   |                                    |
| <b>d</b> HEALTH CARE REFORM FEES  | 189,076                      |  |   |                                    |
| <b>e</b> All other expenses   | 412,900                      |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 750,941,330                  | 0                                      | 0   | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)<br>Beginning of year |               | (B)<br>End of year |
|---|--|--------------------------|---------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                          | <b>1</b>      | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 51,301,331               | <b>2</b>      | 38,619,058         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>      | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .  | 136,582,452              | <b>4</b>      | 139,563,315        |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       |                          | <b>5</b>      | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>      | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>      | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>      | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 152,994                  | <b>9</b>      | 170,176            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 190,839       |               |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 87,787        | 108,203       | <b>10c</b> 103,052 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 843,791,302              | <b>11</b>     | 772,740,562        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>     | 0                  |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>     | 0                  |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>     | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 432,609,017              | <b>15</b>     | 464,431,195        |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 1,464,545,299  | <b>16</b>                | 1,415,627,358 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 82,396,358               | <b>17</b>     | 87,304,633         |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>     |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>     |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>     |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>     |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>     |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>     |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>     |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 3,122,284                | <b>25</b>     | 4,881,289          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 85,518,642               | <b>26</b>     | 92,185,922         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                          |               |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  |                          | <b>27</b>     |                    |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b>     |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>   |                          |               |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>     |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>     |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   | 1,379,026,657            | <b>31</b>     | 1,323,441,436      |
| <b>32</b> Total net assets or fund balances . . . . .                         | 1,379,026,657  | <b>32</b>                | 1,323,441,436 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 1,464,545,299  | <b>33</b>                | 1,415,627,358 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |               |
|-----------|--|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 825,973,680   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 750,941,330   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 75,032,350    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,379,026,657 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -130,672,950  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |               |
| <b>7</b>  | Investment expenses  | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 55,379        |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 1,323,441,436 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:** 22015553

**Software Version:** 2022v5.0

**EIN:** 13-3968546

**Name:** MANAGEMENT-ILA MANAGED HEALTH  
CARE TRUST FUND

Form 990 (2022)

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### Form 990, Part III, Line 4a:

AS OF 12/31/2022 THIS VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION (VEBA) ADMINISTERED HEALTH AND WELFARE BENEFITS FOR 23,521 ACTIVE PARTICIPANTS AND 13,010 RETIRED OR SEPARATED PARTICIPANTS FOR WHICH, INCLUDING DEPENDENTS, INCLUDES OVER 83,000 PARTICIPANTS.

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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND

**Employer identification number**  
13-3968546

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 31,573                          | 3,091                        | 28,482         |
| <b>d</b> Equipment . . . . .   |                                      | 133,679                         | 78,299                       | 55,380         |
| <b>e</b> Other . . . . .   |                                      | 25,587                          | 6,397                        | 19,190         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 103,052        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) RIGHT OF USE ASSET - OFFICE EQUIPMENT                                | 3,737          |
| (2) RIGHT OF USE ASSET - OFFICE LEASE                                    | 1,468,278      |
| (3) RIGHT OF USE ASSET - TRUCK LEASE                                     | 22,753         |
| (4) SECURITY DEPOSIT - OFFICE LEASE                                      | 26,853         |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 464,431,195    |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| ACCRUED INVESTMENT MANAGEMENT FEES                                       | 742,858        |
| ACCRUED PROFESSIONAL FEES  | 646,390        |
| DEFERRED PARTICIPATION AGREEMENT COSTS                                   | 1,617,929      |
| OPERATING LEASES PAYABLE - LONG TERM                                     | 1,511,266      |
| OPERATING LEASES PAYABLE - SHORT TERM                                    | 146,628        |
| OTHER ACCRUED EXPENSES   | 215,706        |
| PAYROLL TAXES & DEDUCTIONS   | 512            |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 4,881,289      |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

**Part XIII** **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

Name of the organization  
MANAGEMENT-ILA MANAGED HEALTH  
CARE TRUST FUND

Employer identification number  
13-3968546

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |
|---|--|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input type="checkbox"/> Tax idemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |
| <p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>  | <b>1b</b>  |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>  | <b>2</b>   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Compensation survey or study<br/> <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>  | <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |  |  |
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>  | No   |  |  |
|   | <b>4b</b>  | No   |  |  |
|   | <b>4c</b>  | No   |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5a</b>  |  |  |  |
|   | <b>5b</b>  |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6a</b>  |  |  |  |
|   | <b>6b</b>  |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>  | <b>7</b>   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>  | <b>8</b>   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>   |  |  |  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                              |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> LAVERNE THOMPSON<br>EXECUTIVE DIRECTOR | (i)  | 281,200   |                                     |                                     | 33,744   |                         | 314,944                         |   |
|   | (ii) | -----   | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>2</b> ROBIN CSABON<br>DIRECTOR OF ACCOUNTING | (i)  | 249,500   |                                     |                                     | 29,940   |                         | 279,440                         |   |
|   | (ii) | -----   | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Name of the organization  
MANAGEMENT-ILA MANAGED HEALTH  
CARE TRUST FUND

Employer identification number

13-3968546

**990 Schedule O, Supplemental Information**

| Return Reference                                | Explanation  |
|---|--|
| Form 990,<br>Part VI,<br>Section B,<br>Line 11b | CURRENT PROCESS INCLUDES REVIEW BY EXECUTIVE DIRECTOR, DIRECTOR OF ACCOUNTING, INDEPENDENT CPA AND CO-COUNSEL OF THE FUND. |

# 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| Form 990, Part VI, Section B, Line 15b | THE CO-CHAIRMEN OF THE FUND, IN CONSULTATION WITH THE FUND TRUSTEES, PERIODICALLY REVIEW THE SALARY OF THE EXECUTIVE DIRECTOR AND DIRECTOR OF ACCOUNTING TO DETERMINE AN APPROPRIATE SALARY AND BENEFITS. |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section C, Line 19 | ORGANIZATION FILES FORM 5500 WITH THE US DEPARTMENT OF LABOR AND IRS AND ALSO SENDS A SUMMARY ANNUAL REPORT TO EACH PARTICIPANT ON AN ANNUAL BASIS. ANY DOCUMENTS OTHER THAN THE FUND'S FINANCIAL REPORTS ARE AVAILABLE UPON REQUEST. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| Form 990,<br>Part XI, Line<br>9 | CUMULATIVE EFFECT CHANGE IN ACCOUNTING PRINCIPAL ASC 842 = \$55379 |