

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 <h2 style="text-align: center;">2023</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>UNITARIAN UNIVERSALIST ASSOCIATION EMPLOYEE BENEFITS TRUST</u> <u>24 FARNSWORTH STREET</u> <u>BOSTON, MA 02210</u>	1c Effective date of plan <u>01/01/2007</u> 2b Employer Identification Number (EIN) <u>20-8079417</u> 2c Plan Sponsor's telephone number <u>617-948-4305</u> 2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2025	CAREY MCDONALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	1111
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)	1038
	6a(2)	980
	6b	76
	6c	0
	6d	1056
	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	

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

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

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 153285905

**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

2023

This Form is Open to Public Inspection

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

A Name of plan UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITARIAN UNIVERSALIST ASSOCIATION EMPLOYEE BENEFITS TRUST		D Employer Identification Number (EIN) 20-8079417

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

HIGHMARK, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	103267	934	07/01/2023	06/30/2024

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
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)	0
	(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)	0
	(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		556896
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. ▶

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITARIAN UNIVERSALIST ASSOCIATION EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 20-8079417	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

HIGHMARK, INC.

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	254350	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)

WILLIE LESTER

04-2103733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYEE	93484	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)

MILLIMAN

200 GREAT POND DRIVE
SUITE 100
WINDSOR, CT 06095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	ACTUARY	58831	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)

ASHLEY ANGUIANO

04-2103733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYEE	57852	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)

MARIYAH E. HAWKINS

04-2103733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYEE	46561	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)

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	46507	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)

CDS ADMINISTRATORS, INC.

60 BOULEVARD OF THE ALLIES
FIFTH FLOOR
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	35680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITARIAN UNIVERSALIST ASSOCIATION EMPLOYEE BENEFITS TRUST	D Employer Identification Number (EIN) 20-8079417

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	621300	2261890
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	52189	59683
(2) Participant contributions	1b(2)	22367	25579
(3) Other	1b(3)	16011	19392
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	132215	186518
(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)	1699986	1809918
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	684408	740072
(B) Common	1c(4)(B)	564835	620516
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	185500	185500

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3978811	5909068
Liabilities			
g Benefit claims payable	1g	1129000	1463000
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	603813	750125
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1732813	2213125
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2245998	3695943

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)	11518420	
(B) Participants	2a(1)(B)	4936466	
(C) Others (including rollovers)	2a(1)(C)	1000000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		17454886
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	127584	
(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)		127584
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	196025	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		17778495

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14926904	
(2) To insurance carriers for the provision of benefits.....	2e(2)	556896	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15483800
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)	163836	
(2) Contract administrator fees.....	2i(2)	290030	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	46507	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	58531	
(8) Legal fees	2i(8)	2531	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	283315	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		844750
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16328550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1449945
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: RSM US LLP

(2) EIN: 42-0714325

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	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Unitarian Universalist Organizations Health Plan

Financial Report
June 30, 2024

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Independent Auditor's Report

Plan Participants and Benefit Trust Trustees
Unitarian Universalist Organizations Health Plan

Opinion

We have audited the financial statements of Unitarian Universalist Organizations Health Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits and in benefit obligations for the years ended June 30, 2024 and 2023, 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 the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and in benefit obligations for the years ended June 30, 2024 and 2023, 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 Auditor's 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 issued or available to be issued.

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.

Auditor's 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 auditor's 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.
- 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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL'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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

New York, New York
April 10, 2025

Unitarian Universalist Organizations Health Plan

Statements of Net Assets Available for Benefits June 30, 2024 and 2023

	2024	2023
Assets		
Investments at fair value:		
Corporate bonds	\$ 1,809,918	\$ 1,699,986
Equity securities	740,072	684,408
Exchange-traded funds	620,516	564,835
Money market fund	186,518	132,215
Total investments	3,357,024	3,081,444
Receivables:		
Interest income	19,392	16,011
Contributions from subscribing employers	59,683	52,189
Contributions from participants	25,579	22,367
Total receivables	104,654	90,567
Other assets:		
Cash	2,261,890	621,300
Prepaid claim deposit	185,500	185,500
Total other assets	2,447,390	806,800
Total assets	5,909,068	3,978,811
Liabilities		
Prepaid contributions	19,175	87,483
Accounts payable and accrued expenses	376,250	174,855
Due to group insurance plan	354,700	341,475
Total liabilities	750,125	603,813
Net assets available for benefits	\$ 5,158,943	\$ 3,374,998

See notes to financial statements.

Unitarian Universalist Organizations Health Plan

Statements of Changes in Net Assets Available for Benefits Years Ended June 30, 2024 and 2023

	2024	2023
Investment income:		
Interest income and dividends	\$ 127,584	\$ 107,600
Net appreciation in fair value of investments	196,025	61,395
Total investment income	323,609	168,995
Contributions:		
Contributions from subscribing employers	11,518,420	10,585,367
Contributions from participants	4,936,466	4,536,586
Other contributions	1,000,000	-
Total contributions	17,454,886	15,121,953
	17,778,495	15,290,948
Deductions from net assets attributed to:		
Benefits paid to or on behalf of participants and beneficiaries, net	14,592,904	14,283,954
Premiums paid to insurance carrier for excess loss coverage	556,896	504,867
External plan administration fees	290,030	324,920
Administrative expenses	447,151	438,415
Professional fees	107,569	124,688
Total deductions	15,994,550	15,676,844
Net increase (decrease)	1,783,945	(385,896)
Net assets available for benefits:		
Beginning of year	3,374,998	3,760,894
End of year	\$ 5,158,943	\$ 3,374,998

See notes to financial statements.

Unitarian Universalist Organizations Health Plan

Statements of Benefit Obligations

June 30, 2024 and 2023

	2024	2023
Amounts currently payable:		
Claims payable and claims incurred but not reported	\$ 1,463,000	\$ 1,129,000
Total obligations other than postretirement benefit obligations	1,463,000	1,129,000
Total benefit obligations	\$ 1,463,000	\$ 1,129,000

See notes to financial statements.

Unitarian Universalist Organizations Health Plan

**Statements of Changes in Benefit Obligations
Years Ended June 30, 2024 and 2023**

	2024	2023
Amounts currently payable:		
Balance, as of beginning of year	\$ 1,129,000	\$ 1,060,000
Claims incurred	14,926,904	14,898,799
Claims paid	<u>(14,592,904)</u>	<u>(14,829,799)</u>
Balance, as of end of year	<u>1,463,000</u>	<u>1,129,000</u>
Total benefit obligations, as of end of year	<u>\$ 1,463,000</u>	<u>\$ 1,129,000</u>

See notes to financial statements.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of Unitarian Universalist Organizations Health Plan (the Plan) provides only general information. Participants should refer to the Unitarian Universalist Organizations Health Plan Document (the Plan Document) for a more complete description of the Plan's provisions.

General: The Plan is a multiple employer voluntary health and welfare benefit plan established by the Unitarian Universalist Association Employee Benefits Trust (the Trust or the Plan Sponsor), with an effective date of January 1, 2007, for the exclusive benefit of, and to provide health benefits to, eligible employees and eligible retirees (and their eligible dependents) of subscribing employers and subscribing individuals. The Benefits Trust Trustees serve as the trustees of the Plan and have been appointed by the trustees of Unitarian Universalist Association (UUA). The Plan provides health insurance benefits, including pharmacy coverage under non-Medicare Supplement policies, for all covered employees and eligible retirees of UUA congregations and related organizations (the Company) as well as their covered dependents. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan Sponsor manages the Plan and is an independent not-for-profit corporation, which is exempt from income taxes under Section 501(c)(9) of the Internal Revenue Code (IRC).

Plan administration: Administration of the Plan is performed by employees of UUA, the costs of which are allocated to the Plan based on an estimate of time incurred.

The Plan is self-insured with respect to medical and prescription claims with the exception of certain "excess loss" insurance policies that cover certain large claims at both aggregate and individual participant levels.

Highmark, Inc. (Highmark) is the claims administrator of the Plan for medical benefits. As an outsourced contract administrator of the Plan, Highmark has discretionary authority over payment of medical claims submitted by participants. Furthermore, Consolidated Omnibus Budget Reconciliation Act (COBRA) administration is performed by HM Benefits Administrators, an affiliate of Highmark.

CDS Administrators, Inc. (CDS) collects the premiums of the Plan.

Milliman, Inc. (the Actuary) is engaged as a technical advisor on matters related to the operation, actuarial valuation and funding requirements of the Plan.

Eastern Bank and its affiliate, Eastern Wealth Management, Inc. serves as custodian of plan investments and investment manager, respectively.

Benefits: The Plan provides health insurance benefits to participants pursuant to a self-funded contract with Highmark. The Plan offers four levels of preferred provider coverage and a Medicare supplement plan. The Plan's health benefits (including information about the benefits available, required deductibles, co-payments, maximums, limits and exclusions, as applicable) are summarized in the applicable coverage booklets.

Eligibility: A subscribing employer is defined as a UUA Congregation (or other entity that is a related organization of UUA) that has subscribed to the Plan.

An eligible employee is defined as someone working at least 750 hours per year for a subscribing employer who also satisfies the specific eligibility requirements established by the subscribing employer in the respective employer subscription agreement.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

An eligible retiree is defined as someone meeting one of two criteria: (i) the retiree is under age 65 and has retired from a subscribing employer after performing services as a minister or (ii) is age 65 or older, is enrolled in Medicare Parts A and B, is retired from a subscribing employer after performing services in any capacity and has worked at least 750 hours per calendar year for a subscribing employer in five of the 10 calendar years preceding the year of retirement.

Eligible dependents allowed to participate in the Plan include the following: (i) a spouse under a legally valid marriage, (ii) an unmarried natural, step or adopted child that is under 26 or of any age if the child is physically or mentally incapable of caring for himself/herself due to certain disabilities, and (iii) a domestic partner (as defined in the Plan Document).

A subscribing individual includes an individual who is either (i) a self-employed Unitarian Universalist community minister or (ii) a Unitarian Universalist minister working in a ministerial capacity for a UUA Congregation (or other entity that is an affiliated member of the UUA) that does not offer a health insurance plan, each of whom has subscribed to the Plan.

Eligible employees, eligible retirees, eligible dependents or subscribing individuals are hereinafter referred to as “covered persons” or “participants.”

Funding policy: The cost of all benefits is shared by the subscribing employers and participants. The subscribing employers make regular contributions in the amount required to fund benefits, insurance premiums and expenses of the Plan. Participants contribute specified amounts based upon coverage as determined by the subscribing employers. Participant contribution amounts for various benefits are the same for active and retired participants. Subscribing individuals must pay 100% of the cost of coverage, which varies based upon the elected coverage.

Excess loss (stop-loss) coverage insurance policies: Since inception, the Plan has purchased stop-loss insurance coverage from HM Life Insurance Company (HM LIC), a division of Highmark, to cover health care benefits that exceed certain claim expense levels. The policies cover the respective calendar years and the policy terms have been modified each year in an effort to control plan expenses. The stop-loss coverage works in the following manner: the Plan is responsible for paying qualified claim expenses and would get reimbursed by HM LIC for health care claim expenses that exceed the per participant deductible level. Reimbursement is limited to the per participant maximum coverage benefit, which is measured over each participant’s lifetime. The following table summarizes coverage levels for each calendar year that is reported in the financial statements.

	Deductible Per Participant	Maximum Benefit Coverage Per Participant	Maximum Benefit Coverage For the Plan
Plan year 2023 and 2024	\$ 500,000	Unlimited	Unlimited

The Plan did not experience claim losses at a per participant level or at the plan level in excess of the respective deductibles during the Plan year ended June 30, 2024. The Plan had one claim in excess of the respective deductibles per participant during the Plan year ended June 30, 2023. During the year ended June 30, 2023, approximately \$506,000 of stop-loss reimbursements was offset to claims paid in the accompanying statement of changes in net assets available for benefits.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

External administrative expenses: Expenses paid directly by the Plan, include those related to third-party claims administration, premiums collection, actuarial services, investment management services and COBRA coverage under the Plan, and are classified as external plan administration fees on the accompanying statements of changes in net assets available for benefits.

Administrative expenses: All administrative expenses of the Plan, such as services provided by employees of UUA to the Plan and rent, are paid by the Plan and are classified as administrative expenses on the accompanying statements of changes in net assets available for benefits.

Professional fees: Professional fees incurred by the Plan, such as audit fees, consulting fees and legal fees, are paid by the Plan and are classified as professional fees on the accompanying statements of changes in net assets available for benefits.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates: The preparation of the financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Plan benefit obligations and actuarial assumptions: The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) provides for drug benefits for participants age 65 and over under the Medicare Part D program. For plan sponsors who continue to provide prescription drug programs for eligible former employees age 65 and over which are actuarially equivalent to the Medicare Part D program, there are subsidies available that are contained in the Act in the form of direct tax-exempt payments. As of June 30, 2024, the Plan does not offer a prescription drug program for eligible former employees age 65 and over. Accordingly, the change in benefit obligations does not reflect any amount associated with the Medicare subsidy.

Valuation of investments and income recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Receivables: Receivables as of June 30, 2024 and 2023, in the amount of \$85,262 and \$74,556, respectively, represent amounts due from subscribing employer congregations and subscribing individuals for contributions to the Plan. Receivables as of June 30, 2024 and 2023, in the amount of \$19,392 and \$16,011, respectively, represent accrued interest income on investment balances.

Cash: The Plan maintains certain amounts in bank deposit accounts that, at times, may exceed federally insured limits, but does not believe it is exposed to any significant credit risk.

Prepaid claim deposit: The prepaid claim deposit is an escrow account that the Plan is contractually required to keep at Highmark. In the event the Plan terminates, the prepaid claim deposit would be used to cover claims, which are outstanding as of the termination date and is adjusted by Highmark based on the prior year's claims experience.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Prepaid contributions: Prepaid contributions are contributions which have been made by subscribing employers or subscribing individuals for coverage to be provided in the future. In the event that a subscribing employer or subscribing individual was to terminate coverage, the Plan would be required to reimburse the participants or subscribing employers.

Due to group insurance plan: The Plan collects non-trust funds on behalf of other plans that the participants are enrolled in and these amounts are remitted to those plans monthly.

Payment of benefits: Claims are recorded when paid by Highmark. Amounts due to Highmark that have yet to be reimbursed by the Plan are recorded in accounts payable and accrued expenses in the accompanying statements of net assets available for benefits. Rebates due from the Plan's claims administrator are recorded when estimable and contractually due to the Plan. During the years ended June 30, 2024 and 2023, approximately \$654,000 and \$546,000 of rebates were offset to benefits paid in the accompanying statements of changes in net assets available for benefits, respectively.

Contributions: The Plan is funded jointly by contributions from participants and the subscribing employers. Contributions are recorded in the period to which the coverage relates.

Other contributions: In August 2023, the UUA Board of Trustees funded a one-time additional employer contribution to the Plan of \$1,000,000. Other contributions are recorded in the period approved by the Board of Trustees.

Claims payable and claims incurred but not reported: Plan obligations as of June 30, 2024 and 2023, for claims payable and claims incurred by active participants but not reported at that date are based on an estimate, prepared by the Plan's Actuary, which is based on historical payment lags experienced by the Plan including factors of average days claims are outstanding and average dollars of such claims. The Plan had \$1,463,000 and \$1,129,000 of estimated claims payable and claims incurred but not reported for all active participants as of June 30, 2024 and 2023, respectively.

Income taxes: U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The Plan Sponsor evaluated the Plan's tax positions and concluded the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state or local tax authorities for plan years before June 30, 2020.

Reclassification: Certain 2023 amounts have been reclassified to conform to current year presentation. The reclassification had no impact on previously reported net assets.

Note 3. Fair Value Measurements

Fair Value Measurements and Disclosures, issued by the Financial Accounting Standards Board (FASB), establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 3. Fair Value Measurements (Continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2024 and 2023.

Corporate bonds: Corporate bonds are valued using market prices (to the extent they are available and observable), recently executed transactions and bond spreads. These securities are categorized in Level 2 of the fair value hierarchy.

Equity securities and exchange-traded funds: The fair value of equity securities and exchange-traded funds is the market value based on quoted market prices reported on the active market on which the individual securities are traded. These securities are categorized in Level 1 of the fair value hierarchy as they have observable inputs.

Money market fund: The money market fund is valued at the quoted net asset value (NAV) of shares held by the Plan. This security is categorized in Level 1 of the fair value hierarchy as it is reported daily.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 3. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023.

Assets at fair value as of June 30, 2024:

	Balance as of June 30, 2024	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate bonds	\$ 1,809,918	\$ -	\$ 1,809,918	\$ -
Equity securities	740,072	740,072	-	-
Exchange-traded funds	620,516	620,516	-	-
Money market fund	186,518	186,518	-	-
Total investments at fair value	<u>\$ 3,357,024</u>	<u>\$ 1,547,106</u>	<u>\$ 1,809,918</u>	<u>\$ -</u>

Assets at fair value as of June 30, 2023:

	Balance as of June 30, 2023	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate bonds	\$ 1,699,986	\$ -	\$ 1,699,986	\$ -
Equity securities	684,408	684,408	-	-
Exchange-traded funds	564,835	564,835	-	-
Money market fund	132,215	132,215	-	-
Total investments at fair value	<u>\$ 3,081,444</u>	<u>\$ 1,381,458</u>	<u>\$ 1,699,986</u>	<u>\$ -</u>

Note 4. Tax Status

The Trust is intended to be organized and operated as an employee welfare benefit plan described in Section 3(1) of ERISA. The Trust is a voluntary employees' beneficiary association as described in IRC Section 501(c)(9). The Plan Sponsor has obtained a favorable tax determination letter, dated March 12, 2009, from the Internal Revenue Service stating that the Plan, as then designed, was in compliance with the applicable requirements of the IRC.

Although the Plan has been amended subsequent to March 12, 2009, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC.

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

Note 5. Party-In-Interest Transactions

Certain Plan expenses are paid by UUA and reimbursed by the Plan. These amounts consist primarily of the salaries, payroll taxes and benefits of the personnel providing management and administrative services for the Plan. There are also certain services provided by UUA and paid for by the Plan. These services include full-service office space and equipment, information technology services and accounting and benefits administration. The Plan is charged at cost for the services provided to the Plan. Such expenditures are reviewed and approved annually by the Benefits Trust Trustees. Plan expenses paid by UUA and reimbursed by the Plan as well as expenses paid by the Plan to UUA totaled \$302,466 and \$278,852 for the years ended June 30, 2024 and 2023, respectively. Investments of the Plan include a money market fund managed by Eastern Bank, the custodian of the Plan. Contributions for the group insurance plan are collected by CDS and held by the Plan until remitted to the other plans on a monthly basis. These transactions qualify as party-in-interest transactions as that term is defined in Section 3(14) of ERISA.

Note 6. Plan Termination

Although the Plan Sponsor and Benefits Trust Trustees contemplate the continuation of the Plan in the form presented, the Plan Sponsor has the right under the Plan to terminate the Plan or modify the benefits provided at any time subject to provisions of ERISA.

In the event the Plan terminates, the net assets of the Plan shall be used in accordance with the Plan for the benefit of the covered persons to the extent the Plan will permit.

Note 7. Plan Benefit Obligations and Changes in Plan Benefit Obligations

The Plan Sponsor, with the advice from the Plan's Actuary, determined that there are no postretirement benefit obligations related to the Plan as the cost of all benefits, including those for eligible retirees, are the responsibility of subscribing employers and not of the Plan. Therefore, no postretirement benefit obligation has been recorded as of June 30, 2024 and 2023.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 as of June 30, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 5,158,943	\$ 3,374,998
Less claims payable and claims incurred but not reported	(1,463,000)	(1,129,000)
Net assets available for benefits per Form 5500	<u>\$ 3,695,943</u>	<u>\$ 2,245,998</u>

The following is a reconciliation of the net increase (decrease) per the financial statements to the net income (loss) per Form 5500 for the years ended June 30, 2024 and 2023:

	2024	2023
Net increase (decrease) per the financial statements	\$ 1,783,945	\$ (385,896)
Claims payable and claims incurred but not reported in current year	(1,463,000)	(1,129,000)
Claims payable and claims incurred but not reported in prior year	1,129,000	1,060,000
Net income (loss) per Form 5500	<u>\$ 1,449,945</u>	<u>\$ (454,896)</u>

Unitarian Universalist Organizations Health Plan

Notes to Financial Statements

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 values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the statements of net assets available for benefits.

Note 10. Subsequent Events

The Plan has evaluated subsequent events through April 10, 2025, the date which the financial statements were available to be issued. There were no matters requiring accrual or disclosure in the financial statements.

Unitarian Universalist Organizations Health Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) June 30, 2024

Employer Identification Number: 20-8079417

Plan Number: 501

(a)	(b)	(c) Description of Investment					(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
Ameren Corp	Corporate Bond	1/15/2031	3.50%	n/a	\$ 50,000	\$ 44,326	\$ 45,140	
American Electric Power Co.	Corporate Bond	11/13/2027	3.20%	n/a	50,000	51,187	46,827	
Ameriprise Financial, Inc.	Corporate Bond	10/15/2024	3.70%	n/a	50,000	50,194	49,715	
Amgen Inc.	Corporate Bond	2/21/2027	2.20%	n/a	25,000	25,153	23,195	
Bank of America Corp	Corporate Bond	8/1/2025	3.88%	n/a	50,000	49,685	49,235	
Boston Properties LP	Corporate Bond	1/30/2031	3.25%	n/a	50,000	43,305	42,276	
CBS	Corporate Bond	6/1/2028	3.70%	n/a	50,000	50,059	45,106	
Charles Schwab	Corporate Bond	1/25/2028	3.20%	n/a	50,000	50,571	46,949	
CSX Corporation	Corporate Bond	3/1/2028	3.80%	n/a	100,000	99,790	96,229	
CVS Health Corporation	Corporate Bond	6/1/2026	2.88%	n/a	50,000	50,470	47,606	
Dr. Pepper Snapple Group Inc.	Corporate Bond	9/15/2026	2.55%	n/a	25,000	25,417	23,574	
Eaton Corporation, PLC	Corporate Bond	11/2/2032	4.00%	n/a	50,000	47,367	46,672	
Ebay Inc.	Corporate Bond	5/10/2031	2.60%	n/a	50,000	39,980	42,500	
FedEx Corporation	Corporate Bond	5/15/2030	4.25%	n/a	50,000	46,295	48,064	
Georgia Power Co.	Corporate Bond	5/15/2032	4.70%	n/a	50,000	48,680	48,396	
HP INC.	Corporate Bond	1/15/2028	4.75%	n/a	50,000	49,855	49,490	
Hartford Financial Services	Corporate Bond	8/19/2029	2.80%	n/a	100,000	104,535	88,855	
Humana Inc.	Corporate Bond	4/1/2030	4.88%	n/a	50,000	47,488	49,095	
Intel Corp.	Corporate Bond	2/21/2031	5.00%	n/a	50,000	49,825	49,755	
Keurig Dr. Pepper Inc.	Corporate Bond	4/15/2032	4.05%	n/a	50,000	45,774	46,473	
Keycorp	Corporate Bond	10/29/2025	4.15%	n/a	50,000	49,779	48,891	
Mohawk Ind, Inc.	Corporate Bond	5/15/2030	3.63%	n/a	50,000	45,318	45,839	
Nextera Energy Inc.	Corporate Bond	2/28/2028	4.90%	n/a	50,000	50,130	49,545	
Oracle Corporation	Corporate Bond	4/1/2027	2.80%	n/a	50,000	51,528	46,957	
Paycom Software Inc.	Corporate Bond	10/1/2029	2.85%	n/a	50,000	49,625	45,104	
Pfizer Inc.	Corporate Bond	12/15/2026	3.00%	n/a	100,000	101,267	95,424	
PNC Bank Corp.	Corporate Bond	7/23/2026	2.60%	n/a	100,000	101,980	94,676	
Starbucks Corp	Corporate Bond	3/12/2027	2.00%	n/a	100,000	102,436	92,244	
State Street Corporation	Corporate Bond	12/16/2024	3.30%	n/a	50,000	49,595	49,490	
Texas Instruments Inc.	Corporate Bond	9/4/2029	2.25%	n/a	25,000	25,268	22,125	
Thermo Fisher Scientific, Inc.	Corporate Bond	10/1/2029	2.60%	n/a	50,000	52,288	44,756	
UnitedHealth Group Inc.	Corporate Bond	7/15/2025	3.75%	n/a	50,000	50,178	49,261	
V F Corp., Inc.	Corporate Bond	4/23/2025	2.40%	n/a	50,000	50,597	48,610	
Verizon Communications Inc.	Corporate Bond	3/22/2030	3.15%	n/a	50,000	50,784	45,118	
W P Carey, Inc.	Corporate Bond	7/15/2029	3.85%	n/a	50,000	46,975	46,726	
Abbvie Inc.	Equity Security	n/a	n/a	n/a	n/a	6,945	7,889	
Adobe Inc.	Equity Security	n/a	n/a	n/a	n/a	3,550	8,333	
Advanced Micro Devices Inc	Equity Security	n/a	n/a	n/a	n/a	7,086	11,030	
Air Products & Chemicals	Equity Security	n/a	n/a	n/a	n/a	7,834	10,580	
Alphabet Inc. Cl A	Equity Security	n/a	n/a	n/a	n/a	11,642	36,430	
Amazon.com, Inc.	Equity Security	n/a	n/a	n/a	n/a	16,063	32,853	
American Electric Power Co	Equity Security	n/a	n/a	n/a	n/a	9,740	9,564	
American Express Co	Equity Security	n/a	n/a	n/a	n/a	8,379	11,578	
Analog Devices	Equity Security	n/a	n/a	n/a	n/a	3,658	9,130	
Apple Inc.	Equity Security	n/a	n/a	n/a	n/a	12,733	32,857	
Applied Materials	Equity Security	n/a	n/a	n/a	n/a	4,761	12,035	
AT&T	Equity Security	n/a	n/a	n/a	n/a	7,928	8,064	
Bank of America Corp.	Equity Security	n/a	n/a	n/a	n/a	7,206	10,102	
Blackrock, Inc.	Equity Security	n/a	n/a	n/a	n/a	5,164	9,447	
Boston Scientific Corp.	Equity Security	n/a	n/a	n/a	n/a	10,068	13,708	

(Continued)

Unitarian Universalist Organizations Health Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued) June 30, 2024

Employer Identification Number: 20-8079417

Plan Number: 501

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
Broadcom Inc.	Equity Security	n/a	n/a	n/a	n/a	\$ 3,435	\$ 22,477	
Darden Restaurants Inc.	Equity Security	n/a	n/a	n/a	n/a	9,954	11,954	
Eastman Chemical Co	Equity Security	n/a	n/a	n/a	n/a	10,343	9,797	
Eaton Corporation, PLC	Equity Security	n/a	n/a	n/a	n/a	3,343	13,796	
Eli Lilly & Co.	Equity Security	n/a	n/a	n/a	n/a	7,955	12,675	
Emerson Elec Co.	Equity Security	n/a	n/a	n/a	n/a	9,649	11,126	
Equinix, Inc.	Equity Security	n/a	n/a	n/a	n/a	6,961	6,809	
Hartford Financial Services Group Inc.	Equity Security	n/a	n/a	n/a	n/a	8,226	11,562	
Honeywell Int'l Inc.	Equity Security	n/a	n/a	n/a	n/a	11,628	11,958	
Hunt (JB) Transport Services Inc.	Equity Security	n/a	n/a	n/a	n/a	6,820	6,240	
iShares ESG SCR S&P Midcap ET	Equity Security	n/a	n/a	n/a	n/a	25,314	27,145	
IQVIA Holdings Inc.	Equity Security	n/a	n/a	n/a	n/a	8,197	6,978	
Jacobs Solutions, Inc.	Equity Security	n/a	n/a	n/a	n/a	7,049	7,684	
Marriott International Inc. CL A	Equity Security	n/a	n/a	n/a	n/a	4,927	9,429	
Mastercard	Equity Security	n/a	n/a	n/a	n/a	9,609	18,529	
Merck & Co., Inc.	Equity Security	n/a	n/a	n/a	n/a	13,651	17,580	
Microsoft	Equity Security	n/a	n/a	n/a	n/a	22,065	53,634	
Nextera Energy Inc.	Equity Security	n/a	n/a	n/a	n/a	15,983	17,207	
Nvidia Corporation	Equity Security	n/a	n/a	n/a	n/a	20,913	53,122	
Nuveen ESG Large-Cap Value ETF	Equity Security	n/a	n/a	n/a	n/a	12,340	13,529	
Oracle Corporation	Equity Security	n/a	n/a	n/a	n/a	8,199	10,872	
Palo Alto Networks, Inc.	Equity Security	n/a	n/a	n/a	n/a	6,913	11,865	
Parker Hannifin	Equity Security	n/a	n/a	n/a	n/a	7,334	11,128	
PepsiCo, Inc.	Equity Security	n/a	n/a	n/a	n/a	9,437	11,215	
Prologis	Equity Security	n/a	n/a	n/a	n/a	9,484	8,647	
Proshares S&P 500 Dividend Aristocrats ETF	Equity Security	n/a	n/a	n/a	n/a	18,715	19,611	
Pulte Homes Inc.	Equity Security	n/a	n/a	n/a	n/a	8,665	9,359	
S&P Global Inc.	Equity Security	n/a	n/a	n/a	n/a	6,650	7,582	
Salesforce Inc.	Equity Security	n/a	n/a	n/a	n/a	7,402	7,198	
Servicenow	Equity Security	n/a	n/a	n/a	n/a	7,244	11,013	
Sysco Corp.	Equity Security	n/a	n/a	n/a	n/a	5,090	6,068	
Thermo Fisher Scientific, Inc.	Equity Security	n/a	n/a	n/a	n/a	5,211	7,189	
Uber	Equity Security	n/a	n/a	n/a	n/a	8,264	7,995	
UnitedHealth Group Inc.	Equity Security	n/a	n/a	n/a	n/a	10,162	18,333	
U.S. Bancorp	Equity Security	n/a	n/a	n/a	n/a	8,776	7,900	
Walmart, Inc.	Equity Security	n/a	n/a	n/a	n/a	8,900	17,266	
Calvert High Yield Bond Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	74,353	74,755	
Calvert Income Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	214,455	196,948	
iShares ESG Aware USD Corporate Bond ETF	Fixed Income Funds	n/a	n/a	n/a	n/a	77,507	73,363	
iShares ESG 1-5 YR USD Corp Bond ETF	Fixed Income Funds	n/a	n/a	n/a	n/a	207,263	199,226	
Principal Preferred Securities Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	74,624	76,224	
Federated Government Obligation Tax Managed Fund	Money Market	n/a	n/a	n/a	n/a	185,874	185,874	
Federated Government Obligation Tax Managed Fund	Money Market	n/a	n/a	n/a	n/a	644	644	
								<u>\$ 3,357,024</u>

Unitarian Universalist Association Employee Benefits Trust
Unitarian Universalist Organizations Health Plan
EIN/PN: 20-8079417/501
PYE: 6/30/2024

Congregation Name	EIN	% of contributions
UUA HOME OFFICE	42-2103733	26.464%
FIRST UNITARIAN CHURCH-DALLAS	75-0966895	1.586%
UNITY CHURCH UNITARIAN	41-0705846	1.100%
FIRST UNITARIAN SOCIETY	39-0939338	0.985%
FIRST UU CHURCH	74-1233797	0.842%
CEDAR LANE UU CHURCH	52-0629773	0.779%
THE UNITARIAN CHURCH IN SUMMIT	22-1508563	0.759%
FIRST PARISH IN CAMBRIDGE (UU)	04-2104197	0.731%
FIRST UNITARIAN SOCIETY OF MIL	39-0871012	0.714%
FIRST PARISH IN BEDFORD	04-6052548	0.691%
UU CONGREGATION OF FAIRFAX	54-0678747	0.681%
FIRST UU CHURCH	38-1684000	0.674%
FIRST UU CHURCH OF AUSTIN	74-1612515	0.674%
FOOTHILLS UNITARIAN CHURCH	84-0453854	0.655%
UU CONGREGATION OF PHOENIX	86-0188971	0.645%
UU CONGREGATION OF ATLANTA	58-0707530	0.644%
UU CHURCH OF CHARLOTTE	56-6056289	0.599%
THE UNIVERSALIST CHURCH OF WES	06-0709883	0.594%
WHITE BEAR UU CHURCH	41-1714846	0.589%
WEST SHORE UU CHURCH	34-0789761	0.576%
FIRST PARISH BREWSTER	23-7113652	0.562%
UU AREA CHURCH AT FIRST PARISH	04-2299381	0.552%
UNITY TEMPLE UU CONGREGATION	36-2312490	0.538%
FIRST UNITARIAN CHURCH OF PROV	05-0258872	0.524%
FIRST UNITARIAN CONGREGATIONAL	13-5596997	0.520%
EAST SHORE UNITARIAN CHURCH	91-6016043	0.514%
THE UNITARIAN SOCIETY OF RIDGE	22-1717280	0.513%
FIRST UU CHURCH OF COLUMBUS	31-6402537	0.501%
UU MINISTERS ASSOCIATION	22-2322203	0.490%
THE UNITARIAN CHURCH IN WESTPO	06-0766361	0.487%
BLUU	83-2287537	0.480%
UU CONGREGATION OF PRINCETON	21-0694751	0.478%
UU CONGREGATION OF MONMOUTH CO	21-0742906	0.472%
ENO RIVER UU FELLOWSHIP	51-0151684	0.469%
FOURTH UNIVERSALIST SOCIETY	13-1782494	0.462%
UU FELLOWSHIP OF RALEIGH	56-1377997	0.460%
FIRST RELIGIOUS SOCIETY	04-6048431	0.458%
FOX VALLEY UU FELLOWSHIP INC.	39-1378457	0.449%
THE UNITARIAN UNIVERSALIST SOC	36-3166346	0.446%
FIRST PARISH UU	58-7290335	0.446%
ELIOT UNITARIAN CHAPEL	43-6043820	0.436%

KING'S CHAPEL	04-2104369	0.430%
CONGREGATION OF CHARLOTTESVILL	54-0678643	0.428%
FIRST UNITARIAN CHURCH OF ALBU	85-0134789	0.423%
FIRST UNITARIAN CHURCH OF ORLA	59-0823945	0.419%
TENNESSEE VALLEY UU CHURCH	62-0488038	0.407%
RIVER ROAD UNITARIAN CHURCH	52-6019243	0.407%
UU CHURCH OF ASHEVILLE	23-7028477	0.392%
FIRST UNITARIAN SOCIETY OF WIL	51-6000113	0.391%
FIRST PARISH CHURCH OF GROTON	04-2195416	0.390%
FIRST UNITARIAN CHURCH	87-0215919	0.389%
UNITARIAN CHURCH IN CHARLESTON	57-0357966	0.388%
UNITARIAN CHURCH OF BATON ROUG	72-0687743	0.384%
FIRST PARISH IN NEEDHAM UU	04-2347461	0.384%
FIRST PARISH IN BROOKLINE	04-2165880	0.383%
THE COMMUNITY CHURCH OF CHAPEL	56-6011578	0.373%
UU CHURCH OF WORCESTER	04-2105919	0.372%
FIRST UNITARIAN SOCIETY OF CHI	36-2167078	0.365%
OLYMPIA UU CONGREGATION	91-0982974	0.362%
UU CHURCH OF PORTSMOUTH SOUTH	02-0231628	0.361%
UU CHURCH OF BLOOMINGTON INC.	35-1104081	0.358%
MT VERNON UNITARIAN CHURCH	54-0625581	0.352%
UU CHURCH OF NASHUA NEW HAMPSH	02-0240807	0.347%
COMMUNITY CHURCH OF NEW YORK	13-1663218	0.346%
FIRST UNITARIAN CHURCH	47-0388142	0.345%
UU CHURCH OF SILVER SPRING	52-6047858	0.344%
UU CHURCH	37-6037765	0.339%
ALL SOULS UU CONGREGATION	06-0693694	0.330%
FIRST UNITARIAN CHURCH	75-2740650	0.329%
UU CHURCH OF THE MONTEREY PENI	94-1623026	0.329%
FIRST UNITARIAN CHURCH	62-6039465	0.327%
UU CHURCH OF CONCORD	02-0262076	0.323%
UU MASS ACTION NETWORK	30-0430799	0.321%
TOWSON UU CHURCH	52-0801834	0.319%
BOISE UU FELLOWSHIP	23-7166444	0.306%
UU FELLOWSHIP OF AMES	42-1187642	0.305%
UU CHURCH WEST	39-1016446	0.303%
FIRST UNITARIAN CHURCH OF OKLA	73-0590207	0.299%
VALLEY UU CHURCH	86-0188971	0.299%
UNIVERSALIST MEETING HOUSE	04-3002145	0.297%
UU CHURCH OF BRUNSWICK	01-6012195	0.295%
BIRMINGHAM UNITARIAN CHURCH	38-1546840	0.292%
UU CHURCH OF KENT OHIO	34-1465789	0.292%
UNITARIAN SOCIETY OF NEW HAVEN	67-0676600	0.291%
FIRST PARISH IN WAYLAND	04-2730263	0.290%
GEORGIA MOUNTAINS UU CHURCH	58-2073167	0.284%
QUIMPER UU FELLOWSHIP	91-1335250	0.284%
FIRST PARISH IN COHASSET	04-2606092	0.283%

OLYMPIA BROWN UU CHURCH	39-1226725	0.281%
UU FELLOWSHIP OF CENTRAL OREGO	93-0853359	0.280%
UU CHURCH OF SARASOTA INC.	59-0954128	0.280%
UU CHURCH OF BLOOMINGTON NORMA	37-0801930	0.277%
NORTHLAKE UU CHURCH	91-0881193	0.277%
UU CHURCH OF GREATER LYNN	04-2104199	0.275%
FIRST UU CHURCH OF RICHMOND V	54-0738472	0.274%
UU CONGREGATION OF MIAMI	59-0774186	0.270%
FIRST PARISH IN LEXINGTON	04-2299661	0.270%
UU CHURCH OF BOULDER	84-0477346	0.268%
THE UU CHURCH	36-2303688	0.268%
FIRST UU CHURCH	41-6006520	0.265%
UU CHURCH OF CANTON NY	16-0876442	0.259%
FIRST PARISH CHURCH IN WESTON	04-2137226	0.257%
SHAWNEE MISSION UU CHURCH	48-0811012	0.252%
NORTHWOODS UU CHURCH	44-2020874	0.249%
FIRST UNITARIAN CHURCH	31-0543280	0.246%
UU CHURCH OF LANCASTER PA	23-6277827	0.245%
THE FIRST PARISH IN PORTLAND M	01-0223576	0.241%
SECOND UNITARIAN CHURCH	47-0581934	0.240%
FIRST PARISH CHURCH UU OF STOW	04-6058081	0.239%
NAMAQUA UU CONGREGATION	84-1594732	0.238%
UU CHURCH OF URBANA CHAMPAIGN	37-6018315	0.238%
UU CONGREGATION OF COLUMBIA	52-1221472	0.234%
UU CONGREGATION OF CLEVELAND	34-0714411	0.232%
UNITARIAN CHURCH	47-0470815	0.232%
THE NORTH PARISH OF N ANDOVER	04-2263530	0.228%
UU CONGREGATION	15-0539054	0.228%
UU CHURCH OF ARLINGTON	54-0519587	0.227%
THE UU CONGREGATION OF SANTA	85-0271946	0.225%
ATKINSON MEMORIAL CHURCH	93-0547944	0.223%
UNITARIAN CHURCH OF LOS ALAMOS	85-0217190	0.222%
UU FELLOWSHIP OF CORVALLIS	93-0519550	0.220%
WINCHESTER UNITARIAN SOCIETY	04-2126581	0.220%
WESTMINSTER UNITARIAN CHURCH	05-0262186	0.219%
UU CHURCH OF ANNAPOLIS	52-0897639	0.218%
UU SAN LUIS OBISPO	92-2489070	0.218%
THE UU CHURCH IN EUGENE	93-0511478	0.217%
FIRST RELIGIOUS SOCIETY	04-2171205	0.216%
UU CHURCH OF INDIANAPOLIS	35-0941107	0.215%
COUNTRYSIDE CHURCH UU	36-3288581	0.214%
BULL RUN UUS	54-1182161	0.210%
THE MOUNTAIN RETREAT & LEARNIN	58-1396972	0.205%
UU FELLOWSHIP OF VERO BEACH IN	59-2191367	0.203%
OAK RIDGE UU CHURCH	04-2776327	0.203%
UU CHURCH OF EAST LIBERTY	38-2151615	0.202%
FIRST CHURCH UNITARIAN LITTLET	04-2963527	0.202%

WILLIAMSBURG UUS	54-1499795	0.200%
FIRST UNITARIAN CHURCH	04-2125013	0.195%
UUS OF TRANSYLVANIA COUNTY	56-2159071	0.194%
CARBONDALE UNITARIAN FELLOWSHI	37-0843029	0.193%
UU FELLOWSHIP OF THE PENINSULA	54-1132397	0.192%
ROGUE VALLEY UU FELLOWSHIP	93-6090798	0.191%
THE GREENVILLE UU FELLOWSHIP	57-6081496	0.191%
FIRST UU SOCIETY OF SYRACUSE	14-1100320	0.189%
UU CHURCH OF LITTLE ROCK	71-0460585	0.189%
UU COMMUNITY CHURCH OF WASHING	93-0961622	0.188%
UU CONGREGATION OF FREDERICK	52-1161535	0.188%
FIRST PARISH CHURCH IN DORCHES	04-2108359	0.186%
UNITED FIRST PARISH CHURCH UN	04-2138902	0.186%
UU SOCIETY OF WELLESLEY HILLS	02-4105784	0.185%
ALL PEOPLES	61-0593460	0.184%
UU CONGREGATION	39-1583932	0.183%
DAVIES MEMORIAL UU CHURCH	53-0242383	0.182%
UUS OF THE CUMBERLAND VALLEY	23-2900732	0.181%
SHORELINE UU CHURCH	91-0816311	0.181%
EDMONDS UU CONGREGATION	23-7262417	0.180%
FIRST UNIVERSALIST OF AUBURN	63-6050908	0.180%
UU COMMUNITY OF THE MOUNTAINS	68-0376870	0.177%
UU SOCIETY OF IOWA CITY	42-0928251	0.176%
WASHINGTON ETHICAL SOCIETY	52-0796318	0.176%
UU FELLOWSHIP OF WAYNE COUTNY	34-1192124	0.175%
FIRST CHURCH IN BOSTON	04-2104076	0.174%
SECOND UNITARIAN CHURCH	36-2961333	0.172%
PIEDMONT UU CHURCH	56-1586344	0.172%
THE FIRST CHURCH IN BELMONT	04-2210745	0.172%
UU SOCIETY OF GRAFTON & UPTON	04-2911056	0.169%
NORTHWEST UU CONGREGATION	23-7025000	0.167%
FIRST UU CHURCH OF SAN ANTONIO	74-1316496	0.167%
CASCADE UU FELLOWSHIP	91-1363844	0.165%
FIRST UNITARIAN CHURCH OF SOUT	35-1482158	0.165%
UU CONGREGATION OF ERIE	25-1285972	0.163%
THE FIRST UU CHURCH OF NASVHIL	62-0638457	0.161%
FIRST JEFFERSON UU CHURCH	75-1578540	0.160%
UU FELLOWSHIP OF MANTAKO	41-6023781	0.158%
UU FELLOWSHIP OF MANHATTAN	48-6109996	0.157%
ALL SOULS UU CHURCH	84-0504998	0.156%
UU CHURCH OF MUNCIE	35-1014392	0.155%
CEDAR VALLEY UNITARIAN UNIVERS	42-1168808	0.154%
UNITARIAN SOCIETY OF HARFORD	06-0756241	0.153%
BAY AREA UU CHURCH	76-0214385	0.153%
FIRST UNITARIAN CHURCH OF DES	42-0761057	0.150%
TREE OF LIFE UNITARIAN CONG	36-2891812	0.150%
UU CHURCH OF VANCOUVER	23-7449266	0.148%

FIRST PARISH BERLIN	04-2195465	0.148%
UU FELLOWSHIP OF NORTHERN NEVA	88-6003044	0.148%
FIRST PARISH UU CHURCH	04-6054258	0.148%
FIRST UU CHURCH BERKS COUNTY	23-2038893	0.145%
UU CHURCH OF DELAWARE COUNTY	23-1598122	0.144%
FIRST PARISH UU CANTON	04-2830322	0.144%
ST JOHNS UU CHURCH	31-0628520	0.143%
UU CHURCH OF SPARTANBURG	57-0947382	0.142%
UU CHURCH OF THE BRAZOS VALLEY	74-1554777	0.137%
ALL FAITH UNITARIAN CONGREGATN	65-1114131	0.137%
ALL SOULS COMMUNITY CHURCH	38-3630764	0.137%
FIRST UNITARIAN CHURCH	34-4429508	0.136%
FIRST UU SOCIETY OF BURLINGTON	03-6003834	0.135%
UU SOCIETY IN STAMFORD	06-0772460	0.134%
UU COMMUNITY CHURCH	54-1695932	0.134%
THE UU SOCIETY OF BANGOR	01-0501837	0.133%
NORTH SHORE UNITARIAN CHURCH	36-6009529	0.132%
THE UU CONGREGATION OF YORK	23-6278789	0.130%
UU CONGREGATION OF GREATER NAP	59-2726389	0.128%
FIRST UNIVERSALIST FIRST PARIS	04-6006257	0.128%
WOODINVILLE UU CHURCH	91-1531178	0.127%
UU FELLOWSHIP OF WINSTON SALEM	58-1310111	0.127%
THEODORE PARK UU CHURCH	04-6000907	0.127%
NESHOBA UU CHURCH	62-1481581	0.126%
UU CHURCH	58-1091282	0.125%
UU FELLOWSHIP OF MIDLAND	38-6144479	0.125%
UNITARIAN CHURCH OF SHARON	04-6171803	0.124%
UU WORLD OF CHILDREN	14-1909563	0.124%
UU CHURCH IN IDAHO FALLS	20-2367657	0.124%
FIRST PARISH IN MALDEN UNIVERS	04-2103773	0.123%
UU FELLOWSHIP OF CENTRE COUNTY	24-0858971	0.122%
UU CHURCH IN RESTON	54-1132510	0.121%
UU CHURCH OF AMHERST	16-6011471	0.118%
FIRST UUF OF HUNTERDON COUNTY	22-3005766	0.116%
MIAMI VALLEY UU FELLOWSHIP	31-0780458	0.115%
JAMES REEB UU CONGREGATION	39-1767727	0.112%
UU CHURCH OF MINNETONKA	41-0901806	0.112%
UU FELLOWSHIP OF WAYNESBORO VA	54-1671543	0.111%
WEST HILLS UU FELLOWSHIP	93-0575650	0.107%
CENTRAL UNITARIAN CHURCH	22-1599182	0.103%
UU CONGREGATION OF THE SOUTH F	11-3435902	0.103%
ARLINGTON STREET CHURCH	04-2103733	0.102%
UU CHURCH OF CATAWBA VALLEY	56-1422359	0.102%
SOUTH VALLEY UU SOCIETY	87-0423521	0.102%
FIRST CONGREGATIONAL PARISH	04-3229556	0.101%
UU CHURCH	35-6023509	0.100%
FIRST UNIVERSALIST CHURCH OF Y	01-0346936	0.100%

SHORELINE UU SOCIETY	66-6177963	0.099%
PAINT BRANCH UU CHURCH	52-0674270	0.098%
EMERSON UU CONGREGATION	58-1488445	0.098%
HORIZON UU CHURCH	75-2136898	0.098%
FIRST UU CHURCH OF YOUNGSTOWN	34-6526951	0.097%
FIRST UNITARIAN CHURCH OF HOBA	35-6031725	0.097%
UU CHURCH OF THE NORTH HILLS	23-7429191	0.095%
UU CONGREGATION OF VENICE INC.	65-0838184	0.094%
MINNESOTA VALLEY UU FELLOWSHIP	41-6053242	0.094%
UU CHURCH OF GREATER LANSING	38-1474925	0.094%
UU CHURCH OF THE PALOUSE	91-6071666	0.093%
UU FELLOWSHIP OF FREDERICKSBUR	54-1298642	0.092%
LAKE COUNTRY UU CHURCH	39-1899858	0.091%
UU CHURCH OF ROCKVILLE	52-7326160	0.091%
THE FIRST UNITARIAN CHURCH OF	52-0607991	0.091%
DENTON UU FELLOWSHIP	75-1491613	0.090%
N UNIVERSALIST CHAPEL SOCIETY	23-7211670	0.089%
POCATELLO UU FELLOWSHIP	14-2014545	0.089%
UU CHURCH OF THE SOUTH HILLS	25-1462443	0.088%
UU CHURCH OF FLINT	38-1713924	0.087%
UU FELLOWSHIP	56-1374110	0.087%
EMERSON UU CHURCH	74-1386597	0.087%
UU SOCIETY OF ONEONTA INC.	16-1607726	0.086%
UU CHURCH	86-0803719	0.084%
UNITARIAN FELLOWSHIP OF LAWREN	23-7446423	0.084%
FIRST UNITARIAN CHURCH OF ST L	43-0653314	0.084%
FIRST CHURCH IN JAMAICA PLAIN	04-2108358	0.084%
ALL SOULS UNITARIAN CUHRCH	35-0941107	0.084%
UUS OF CLEARWATER FL INC.	59-0995436	0.083%
COLUMBINE UNTI. UNIV. CHURCH	84-1207942	0.083%
UNITARIAN UNIVERSALIST	41-1238395	0.083%
FIRST PARISH CHURCH BEVERLY UU	042-121340	0.082%
UU CHURCH OF TARPON SPRINGS	59-0979240	0.081%
SALTWATER UU CHURCH	91-1257819	0.080%
CHAMPLAIN VALLEY UU SOCIETY	03-0312369	0.080%
FIRST UNITARIAN SOCIETY IN NEW	04-1104198	0.080%
NORTHSHORE UU CHURCH	04-2126599	0.079%
UU CONGREGATION OF DANBURY	06-0833818	0.079%
FIRST UU SOCIETY OF MARIETTA	31-1335494	0.079%
UU CHURCH OF READING	04-2309924	0.078%
UUC OF THE SUSQUEHANNA VALLEY	23-2662448	0.078%
UU CHURCH OF MARBLEHEAD	04-2210749	0.078%
UU CONGREGATIONAL SOCIETY	04-3030641	0.077%
UU FELLOWSHIP OF MARION COUNTY	59-2319450	0.076%
UNITARIAN CHURCH OF HARRISBURG	23-1687114	0.076%
BRADFORD COMMUNITY CHURCH UU	39-1950329	0.076%
NORTH UU CONGREGATION	31-1163846	0.076%

TAHOMA UU CONGREGATION	91-0689427	0.075%
UU CHURCH	43-0960345	0.073%
FIRST UU CONGREGATION OF PALM	59-6162395	0.072%
UU CONGREGATION OF SWANNANOVA	56-2269848	0.072%
FIRST UNITARIAN CHURCH	61-0444693	0.071%
UU CONGREGATION OF LAS VEGAS	88-0303275	0.071%
CHEQUAMEGON UUF	30-0248893	0.070%
THE UNITARIAN CHURCH OF MONTPE	03-0312369	0.068%
UU CONGREGATION OF FORT WAYNE	35-1505842	0.067%
THE PEOPLES CHURCH UU	42-0698297	0.066%
UU CHURCH OF CORPUS CHRISTI	74-2655365	0.065%
UU CHURCH OF SPOKANE	91-0651430	0.065%
UU WOMENS FEDERATION	04-2121343	0.064%
UNITARIAN CHURCH OF EVANSTON	36-2405607	0.064%
FIRST UNIVERSALIST CHURCH	16-0786223	0.064%
UU FELLOWSHIP OF BOZEMAN	81-0434367	0.062%
UU CHURCH OF FARMINGTON	38-1805449	0.062%
WEST SIDE UU CHURCH	75-2610038	0.062%
CEDARS UU CHURCH	91-1229289	0.062%
UU CONGREGATION OF GRAND TRAVE	38-2439676	0.062%
UU CONGREGATION OF GWINNETT	58-2247439	0.059%
ALLEN AVE UU CHURCH	01-0273147	0.058%
UU CHURCH OF HUNTSVILLE	63-0586028	0.057%
UU CHURCH OF BIRMINGHAM	63-0586537	0.057%
THE UU FELLOWSHIP OF CLEMSON	57-0741717	0.057%
UNITARIAN COASTAL FELLOWSHIP	56-1481329	0.056%
CHANNING MEMORIAL CHURCH	52-1829764	0.055%
UU CHURCH OF ELLSWORTH	01-0498926	0.055%
FIRST UNIVERSALIST UNITARIAN C	39-0823471	0.054%
FOOTHILLS UU FELLOWSHIP	26-3437425	0.053%
FIRST CONGREGATIONAL SOCIETY	04-2111209	0.052%
UU CHURCH OF MANCHESTER	02-0345094	0.052%
UU CHURCH OF CHEYENNE	83-6017327	0.052%
NORTHWEST UU CHURCH	38-6038108	0.052%
UU SOCIETY OF AMHERST	04-2295671	0.047%
UU CONGREGATION	55-0599946	0.046%
FIRST PARISH IN LINCOLN	04-2254518	0.045%
UU FELLOWSHIP OF HUNTINGTON	11-2584666	0.045%
FIRST PARISH IN MILTON UU	04-2103733	0.041%
UU SOCIETY OF ROCKPORT	04-6078892	0.039%
UU CHURCH OF FORT LAUDERDALE	59-1001012	0.038%
ACCOTINK UU CHURCH	54-1160104	0.038%
UNITARIAN CONGREGATION OF WEST	23-2265620	0.036%
UU URBAN MINISTRY	04-2105897	0.036%
PALOMAR UU FELLOWSHIP	95-3752743	0.035%
ASSOCIATION FOR UU MUSIC MIN	90-0317310	0.032%
UU FELLOWSHIP OF LA CROSSE	39-6098985	0.031%

FIRST UU CHURCH OF INDIANA	25-1593587	0.031%
UU CHURCH OF BUFFALO	16-0778801	0.031%
FIRST PARISH CHURCH UU	04-2296621	0.029%
SAN GABRIEL UU FELLOWSHIP	20-8573589	0.029%
FIRST UNITARIAN SOCIETY OF EXE	02-6006821	0.028%
UU CHURCH OF BELFAST	01-0502627	0.027%
UU FELLOWSHIP OF HARFORD COUNT	52-1321109	0.027%
UNITARIAN SOCIETY OF GERMANTOW	23-1352566	0.024%
COMMUNITY CHURCH UU	72-0823940	0.023%
FIRST UNIVERSALIST SOCIETY	04-3137495	0.021%
UU CHURCH IN CHERRY HILL	02-0361409	0.020%
UU METRO ATLANTA NORTH CONGREG	58-1938989	0.018%
UU CHURCH OF GREENSBORO	56-1421136	0.017%
MANATEE UU FELLOWSHIP	59-2307451	0.017%
UU FELLOWSHIP OF CHARLOTTE COU	65-0188421	0.016%
UU FELLOWSHIP OF FALMOUTH	04-6086238	0.015%
UU FELLOWSHIP OF DURANGO	74-2282020	0.015%
STARR KING UU CHURCH	94-1537224	0.015%
UU CHURCH OF SHENANDOAH VALLEY	54-1266570	0.014%
UU FELLOWSHIP HENDERSONVILLE N	56-2001581	0.014%
UUC OF LYNCHBURG	54-1082169	0.014%
MAIN LINE UNITARIAN CHURCH	23-6050841	0.013%
FIRST PARISH IN HINGHAM OLD SH	04-6006257	0.011%
FIRST PARISH CHURCH	04-6058081	0.011%
UU COMMUNITY CHURCH	01-0473748	0.010%
THE UNITARIAN SOCIETY A UU CON	22-1814809	0.009%
UU CHURCH OF JACKSONVILLE	59-0996088	0.008%
FIRST UU CHURCH OF NEW ORLEANS	72-0574805	0.008%
UU FELLOWSHIP OF GAINESVILLE	59-2068964	0.007%
PRAIRIE UU SOCIETY	23-7034117	0.007%
ALL SOULS CHURCH UNITARIAN	53-0196567	0.006%
AUBURN UU FELLOWSHIP	63-6050908	0.005%
UU CHURCH OF UTICA	15-0623169	0.004%
UU CHURCH	59-2984007	0.004%
GROSSE POINTE UNITARIAN CHURCH	38-1507045	0.002%
UU CONGREGATION OF CASTINE	01-0457192	0.001%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 501</p>
<p>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) UNITARIAN UNIVERSALIST ASSOCIATION EMPLOYEE BENEFITS TRUST 24 FARNSWORTH STREET BOSTON MA 02210</p>	<p>1c Effective date of plan 01/01/2007</p> <p>2b Employer Identification Number (EIN) 20-8079417</p> <p>2c Plan Sponsor's telephone number 617-948-4305</p> <p>2d Business code (see instructions) 813000</p>

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

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

SIGN HERE		<u>4.10.25</u>	CAREY MCDONALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Unitarian Universalist Organizations Health Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) June 30, 2024

Employer Identification Number: 20-8079417

Plan Number: 501

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
Ameren Corp	Corporate Bond	1/15/2031	3.50%	n/a	\$ 50,000	\$ 44,326	\$ 45,140	
American Electric Power Co.	Corporate Bond	11/13/2027	3.20%	n/a	50,000	51,187	46,827	
Ameriprise Financial, Inc.	Corporate Bond	10/15/2024	3.70%	n/a	50,000	50,194	49,715	
Amgen Inc.	Corporate Bond	2/21/2027	2.20%	n/a	25,000	25,153	23,195	
Bank of America Corp	Corporate Bond	8/1/2025	3.88%	n/a	50,000	49,685	49,235	
Boston Properties LP	Corporate Bond	1/30/2031	3.25%	n/a	50,000	43,305	42,276	
CBS	Corporate Bond	6/1/2028	3.70%	n/a	50,000	50,059	45,106	
Charles Schwab	Corporate Bond	1/25/2028	3.20%	n/a	50,000	50,571	46,949	
CSX Corporation	Corporate Bond	3/1/2028	3.80%	n/a	100,000	99,790	96,229	
CVS Health Corporation	Corporate Bond	6/1/2026	2.88%	n/a	50,000	50,470	47,606	
Dr. Pepper Snapple Group Inc.	Corporate Bond	9/15/2026	2.55%	n/a	25,000	25,417	23,574	
Eaton Corporation, PLC	Corporate Bond	11/2/2032	4.00%	n/a	50,000	47,367	46,672	
Ebay Inc.	Corporate Bond	5/10/2031	2.60%	n/a	50,000	39,980	42,500	
FedEx Corporation	Corporate Bond	5/15/2030	4.25%	n/a	50,000	46,295	48,064	
Georgia Power Co.	Corporate Bond	5/15/2032	4.70%	n/a	50,000	48,680	48,396	
HP INC.	Corporate Bond	1/15/2028	4.75%	n/a	50,000	49,855	49,490	
Hartford Financial Services	Corporate Bond	8/19/2029	2.80%	n/a	100,000	104,535	88,855	
Humana Inc.	Corporate Bond	4/1/2030	4.88%	n/a	50,000	47,488	49,095	
Intel Corp.	Corporate Bond	2/21/2031	5.00%	n/a	50,000	49,825	49,755	
Keurig Dr. Pepper Inc.	Corporate Bond	4/15/2032	4.05%	n/a	50,000	45,774	46,473	
Keycorp	Corporate Bond	10/29/2025	4.15%	n/a	50,000	49,779	48,891	
Mohawk Ind, Inc.	Corporate Bond	5/15/2030	3.63%	n/a	50,000	45,318	45,839	
Nextera Energy Inc.	Corporate Bond	2/28/2028	4.90%	n/a	50,000	50,130	49,545	
Oracle Corporation	Corporate Bond	4/1/2027	2.80%	n/a	50,000	51,528	46,957	
Paycom Software Inc.	Corporate Bond	10/1/2029	2.85%	n/a	50,000	49,625	45,104	
Pfizer Inc.	Corporate Bond	12/15/2026	3.00%	n/a	100,000	101,267	95,424	
PNC Bank Corp.	Corporate Bond	7/23/2026	2.60%	n/a	100,000	101,980	94,676	
Starbucks Corp	Corporate Bond	3/12/2027	2.00%	n/a	100,000	102,436	92,244	
State Street Corporation	Corporate Bond	12/16/2024	3.30%	n/a	50,000	49,595	49,490	
Texas Instruments Inc.	Corporate Bond	9/4/2029	2.25%	n/a	25,000	25,268	22,125	
Thermo Fisher Scientific, Inc.	Corporate Bond	10/1/2029	2.60%	n/a	50,000	52,288	44,756	
UnitedHealth Group Inc.	Corporate Bond	7/15/2025	3.75%	n/a	50,000	50,178	49,261	
V F Corp., Inc.	Corporate Bond	4/23/2025	2.40%	n/a	50,000	50,597	48,610	
Verizon Communications Inc.	Corporate Bond	3/22/2030	3.15%	n/a	50,000	50,784	45,118	
W P Carey, Inc.	Corporate Bond	7/15/2029	3.85%	n/a	50,000	46,975	46,726	
Abbvie Inc.	Equity Security	n/a	n/a	n/a	n/a	6,945	7,889	
Adobe Inc.	Equity Security	n/a	n/a	n/a	n/a	3,550	8,333	
Advanced Micro Devices Inc	Equity Security	n/a	n/a	n/a	n/a	7,086	11,030	
Air Products & Chemicals	Equity Security	n/a	n/a	n/a	n/a	7,834	10,580	
Alphabet Inc. Cl A	Equity Security	n/a	n/a	n/a	n/a	11,642	36,430	
Amazon.com, Inc.	Equity Security	n/a	n/a	n/a	n/a	16,063	32,853	
American Electric Power Co	Equity Security	n/a	n/a	n/a	n/a	9,740	9,564	
American Express Co	Equity Security	n/a	n/a	n/a	n/a	8,379	11,578	
Analog Devices	Equity Security	n/a	n/a	n/a	n/a	3,658	9,130	
Apple Inc.	Equity Security	n/a	n/a	n/a	n/a	12,733	32,857	
Applied Materials	Equity Security	n/a	n/a	n/a	n/a	4,761	12,035	
AT&T	Equity Security	n/a	n/a	n/a	n/a	7,928	8,064	
Bank of America Corp.	Equity Security	n/a	n/a	n/a	n/a	7,206	10,102	
Blackrock, Inc.	Equity Security	n/a	n/a	n/a	n/a	5,164	9,447	
Boston Scientific Corp.	Equity Security	n/a	n/a	n/a	n/a	10,068	13,708	

(Continued)

Unitarian Universalist Organizations Health Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued) June 30, 2024

Employer Identification Number: 20-8079417

Plan Number: 501

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
Broadcom Inc.	Equity Security	n/a	n/a	n/a	n/a	\$ 3,435	\$ 22,477	
Darden Restaurants Inc.	Equity Security	n/a	n/a	n/a	n/a	9,954	11,954	
Eastman Chemical Co	Equity Security	n/a	n/a	n/a	n/a	10,343	9,797	
Eaton Corporation, PLC	Equity Security	n/a	n/a	n/a	n/a	3,343	13,796	
Eli Lilly & Co.	Equity Security	n/a	n/a	n/a	n/a	7,955	12,675	
Emerson Elec Co.	Equity Security	n/a	n/a	n/a	n/a	9,649	11,126	
Equinix, Inc.	Equity Security	n/a	n/a	n/a	n/a	6,961	6,809	
Hartford Financial Services Group Inc.	Equity Security	n/a	n/a	n/a	n/a	8,226	11,562	
Honeywell Int'l Inc.	Equity Security	n/a	n/a	n/a	n/a	11,628	11,958	
Hunt (JB) Transport Services Inc.	Equity Security	n/a	n/a	n/a	n/a	6,820	6,240	
iShares ESG SCR S&P Midcap ET	Equity Security	n/a	n/a	n/a	n/a	25,314	27,145	
IQVIA Holdings Inc.	Equity Security	n/a	n/a	n/a	n/a	8,197	6,978	
Jacobs Solutions, Inc.	Equity Security	n/a	n/a	n/a	n/a	7,049	7,684	
Marriott International Inc. CL A	Equity Security	n/a	n/a	n/a	n/a	4,927	9,429	
Mastercard	Equity Security	n/a	n/a	n/a	n/a	9,609	18,529	
Merck & Co., Inc.	Equity Security	n/a	n/a	n/a	n/a	13,651	17,580	
Microsoft	Equity Security	n/a	n/a	n/a	n/a	22,065	53,634	
Nextera Energy Inc.	Equity Security	n/a	n/a	n/a	n/a	15,983	17,207	
Nvidia Corporation	Equity Security	n/a	n/a	n/a	n/a	20,913	53,122	
Nuveen ESG Large-Cap Value ETF	Equity Security	n/a	n/a	n/a	n/a	12,340	13,529	
Oracle Corporation	Equity Security	n/a	n/a	n/a	n/a	8,199	10,872	
Palo Alto Networks, Inc.	Equity Security	n/a	n/a	n/a	n/a	6,913	11,865	
Parker Hannifin	Equity Security	n/a	n/a	n/a	n/a	7,334	11,128	
PepsiCo, Inc.	Equity Security	n/a	n/a	n/a	n/a	9,437	11,215	
Prologis	Equity Security	n/a	n/a	n/a	n/a	9,484	8,647	
Proshares S&P 500 Dividend Aristocrats ETF	Equity Security	n/a	n/a	n/a	n/a	18,715	19,611	
Pulte Homes Inc.	Equity Security	n/a	n/a	n/a	n/a	8,665	9,359	
S&P Global Inc.	Equity Security	n/a	n/a	n/a	n/a	6,650	7,582	
Salesforce Inc.	Equity Security	n/a	n/a	n/a	n/a	7,402	7,198	
Servicenow	Equity Security	n/a	n/a	n/a	n/a	7,244	11,013	
Sysco Corp.	Equity Security	n/a	n/a	n/a	n/a	5,090	6,068	
Thermo Fisher Scientific, Inc.	Equity Security	n/a	n/a	n/a	n/a	5,211	7,189	
Uber	Equity Security	n/a	n/a	n/a	n/a	8,264	7,995	
UnitedHealth Group Inc.	Equity Security	n/a	n/a	n/a	n/a	10,162	18,333	
U.S. Bancorp	Equity Security	n/a	n/a	n/a	n/a	8,776	7,900	
Walmart, Inc.	Equity Security	n/a	n/a	n/a	n/a	8,900	17,266	
Calvert High Yield Bond Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	74,353	74,755	
Calvert Income Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	214,455	196,948	
iShares ESG Aware USD Corporate Bond ETF	Fixed Income Funds	n/a	n/a	n/a	n/a	77,507	73,363	
iShares ESG 1-5 YR USD Corp Bond ETF	Fixed Income Funds	n/a	n/a	n/a	n/a	207,263	199,226	
Principal Preferred Securities Fund	Fixed Income Funds	n/a	n/a	n/a	n/a	74,624	76,224	
Federated Government Obligation Tax Managed Fund	Money Market	n/a	n/a	n/a	n/a	185,874	185,874	
Federated Government Obligation Tax Managed Fund	Money Market	n/a	n/a	n/a	n/a	644	644	
							<u>\$ 3,357,024</u>	