

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan SEIU LOCAL 200 UNITED BENEFIT FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 05/18/1960 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) SEIU LOCAL 200 UNITED BENEFIT FUND 701 ERIE BLVD WEST SYRACUSE, NY 13204 2b Employer Identification Number (EIN) 16-1198780 2c Plan Sponsor's telephone number 2d Business code (see instructions) 812990

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include signatures of plan administrator (SCOTT PHILLIPSON), employer/plan sponsor (BRITTANY BUFFUM), and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	800
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	800
	<b>6a(2)</b>	798
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	798
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	16

**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 4D 4F

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>7</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">SEIU LOCAL 200 UNITED BENEFIT FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">SEIU LOCAL 200 UNITED BENEFIT FUND</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">16-1198780</span></p>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
INDEPENDENT HEALTH BENEFITS CORPORATION

(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
16-1483784	47034	32550	3	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	29723
<b>b</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. ....	<b>10b</b>	

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-1198780</b>

**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 WESTERN AND NORTHEASTERN NEW YORK INC.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>16-1105741</b>	<b>55204</b>	<b>00310713</b>	<b>8</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>2795</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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  
**AP BENEFIT ADVISORS, LLC** **200 INTERNATIONAL CR SUITE 4500**  
**HUNT VALLEY, MD 21031**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>2795</b>			<b>4</b>

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	85634
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-1198780</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HIGHMARK WESTERN AND NORTHEASTERN NEW YORK 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
16-1105741	55204	00316629	4	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>1964</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
--	--

**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  
**AP BENEFIT ADVISORS, LLC** **200 INTERNATIONAL CR SUITE 4500**  
**HUNT VALLEY, MD 21031**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1964			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	37123
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan SEIU LOCAL 200 UNITED BENEFIT FUND		<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SEIU LOCAL 200 UNITED BENEFIT FUND		<b>D</b> Employer Identification Number (EIN) 16-1198780	

**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 WESTERN AND NORTHEASTERN NEW YORK INC

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
16-1105741	55204	00403894	0	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid 258	<b>(b)</b> Total amount of fees paid 0
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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  
AP BENEFIT ADVISORS, LLC  
200 INTERNATIONAL CR SUITE 4500  
HUNT VALLEY, MD 21031

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
258			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3119
<b>b</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. ....	<b>10b</b>	

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>16-1198780</b>

**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

**GUARDIAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5123390</b>	<b>64246</b>	<b>00513758</b>	<b>516</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>3804</b>	<b>(b)</b> Total amount of fees paid <b>663</b>
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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

**AP BENEFIT ADVISORS, LLC**

**7789 OSWEGO RD  
LIVERPOOL, NY 13090**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>3804</b>	<b>663</b>	<b>FEES</b>	<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	40038
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-1198780</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	Y2K	443	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>2495</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AP BENEFIT ADVISORS, LLC** **7789 OSWEGO RD**  
**LIVERPOOL, NY 13090**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2495			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	24951
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-1198780</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HARTFORD LIFE AND ACCIDENT**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	365358G	11	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>131</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AP BENEFIT ADVISORS, LLC** **7789 OSWEGO ROAD**  
**LIVERPOOL, NY 13090**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
118			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AP BENEFIT ADVISORS, LLC** **10 NORTH PARK DRIVE, STE 200**  
**HUNT VALLEY, MD 21030**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	981
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

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

<b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1198780</b>	

**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

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

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

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

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

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

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

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

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

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

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

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

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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)

GUARDIAN

13-5123390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	40209	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)

BLITMAN & KING

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	23332	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)

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	18000	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)

MANNING & NAPIER ADVISORS, LLC

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 51	NONE	14122	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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU LOCAL 200 UNITED BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1198780</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	38328	39667
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	39199	15113
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3881	2892
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	39478	18846
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	721990	537280
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	596286	859102
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	597866	610396
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	116	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2037144	2083296
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	42258	39938
<b>h</b> Operating payables.....	<b>1h</b>	8891	4897
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	51149	44835
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1985995	2038461

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	680015	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	152220	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		832235
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	19731	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		19731
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	11929	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	26626	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		38555
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	784778	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	746004	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	29388	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		9779
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		968462

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	503545	
(2) To insurance carriers for the provision of benefits .....	2e(2)	182466	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		686011
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	18000	
(5) Investment advisory and investment management fees .....	2i(5)	17152	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	23332	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	171501	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		229985
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		915996

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		52466
<b>l</b> 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: **BONADIO & CP., LLP**

(2) EIN: **16-1131146**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		300000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

## INDEPENDENT AUDITOR'S REPORT

May 15, 2025

To the Board of Trustees of the  
SEIU Local 200 United Benefit Fund:

### Opinion

We have audited the accompanying financial statements of the SEIU Local 200 United Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the SEIU Local 200 United Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 SEIU Local 200 United Benefit Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 SEIU Local 200 United Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are 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.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **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 generally accepted auditing standards 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 generally accepted auditing standards, 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 ABC Company Defined Benefit 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 ABC Company Defined Benefit 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 Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

(Continued)

## INDEPENDENT AUDITOR'S REPORT

(Continued)

### **Supplemental Schedules Required by ERISA (Continued)**

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

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

### **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Insurance Premiums and Administrative Expenses for the years ended December 31, 2024 and 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Bonadio & Co., LLP*

**Portfolio Holdings**

	Opening Date	Activity Ending	Quantity	Opening Balance	Closing Balance	Current Cost Basis	30 day Yield %	Income this Year	Accrued Income	Current Yield %
<b>CASH, MONEY FUNDS AND BANK DEPOSITS</b>										
<b>Cash Balance</b>				0.00	169.02	169.02				
<b>FDIC Eligible Bank Deposits</b>										
* BNY MELLON NA INSURED DEP ACCT	01/01/2024	12/31/2024	18,677.3300	39,478.04	18,677.33	18,677.33	N/A	1,520.42	21.32	N/A
<b>Total FDIC Eligible Bank Deposits</b>				39,478.04	18,677.33	18,677.33			21.32	
<b>TOTAL CASH, MONEY FUNDS AND BANK DEPOSITS</b>				39,478.04	18,846.35	18,846.35			21.32	

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Income	Current Yield
<b>FIXED INCOME</b>								
<b>U.S. Treasury Securities</b>								
UNITED STATES TREAS BDS 3.875% 08/15/40 B/E DTD 08/15/10 Security Identifier: 912810QK7 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 51,000.00 Moody Rating : Aaa S & P Rating : N/R	51,000.0000	90.0780	45,939.78	58,538.44	-12,598.66	1,976.25	741.09	4.30
UNITED STATES TREAS BDS 3.000% 05/15/47 B/E DTD 05/15/17 Security Identifier: 912810RX8 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 79,000.00 Moody Rating : Aaa S & P Rating : N/R	79,000.0000	73.9960	58,456.84	62,787.50	-4,330.66	2,370.00	301.16	4.05
UNITED STATES TREAS 10YR NTS TIPS 0.125% 01/15/31 B/E DTD 01/15/21 Security Identifier: 91282CBF7 Factor: 1.21257 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 63,053.64 Moody Rating : Aaa S & P Rating : N/R	52,000.0000	88.7550	55,963.26	55,752.98	210.28	78.82	36.20	0.14

The accompany notes are an integral part of these schedules.

**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>FIXED INCOME (continued)</b>								
<b>U.S. Treasury Securities (continued)</b>								
UNITED STATES TREAS NTS 2.875% 05/15/32 B/E DTD 05/15/22 Security Identifier: 91282CEP2 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 164,000.00 Moody Rating : Aaa S & P Rating : N/R	164,000.0000	89.8090	147,286.76	163,461.88	-16,175.12	4,715.00	599.14	3.20
UNITED STATES TREAS NTS 4.000% 10/31/29 B/E DTD 10/31/22 Security Identifier: 91282CFT3 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 27,000.00 Moody Rating : Aaa S & P Rating : N/R	27,000.0000	98.3050	26,542.35	27,368.40	-826.05	1,080.00	183.96	4.06
UNITED STATES TREAS NTS 4.475% 01/31/25 B/E DTD 01/31/23 Security Identifier: 91282CGF2 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 37,000.00 Moody Rating : Aaa S & P Rating : N/R	37,000.0000	100.0030	37,001.11	37,021.87	-20.76	1,655.75	283.72	4.47
UNITED STATES TREAS NTS 3.375% 05/15/33 B/E DTD 05/15/23 Security Identifier: 91282CHC8 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 108,000.00 Moody Rating : Aaa S & P Rating : N/R	108,000.0000	91.9060	99,258.48	100,383.04	-1,124.56	3,645.00	463.18	3.67

The accompany notes are an integral part of these schedules.

**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>FIXED INCOME (continued)</b>								
<b>U.S. Treasury Securities (continued)</b>								
UNITED STATES TREAS NTS 0.625% 05/15/30 B/E DTD 05/15/20 Security Identifier: 912828ZQ6 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 65,000.00 Moody Rating : Aaa S & P Rating : N/R	65,000.0000	82.0430	53,327.95	53,289.84	38.11	406.25	51.62	0.76
<b>Total U.S. Treasury Securities</b>			523,776.53	558,603.95	-34,827.42	15,927.07	2,660.07	
<b>Asset Backed Securities</b>								
FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G04688 "GOLD" 5.500% 09/01/38 B/E DTD 09/01/08 Security Identifier: 3128M6RH3 Factor: 0.00734674 Factor Effective Date: 12/15/2024 Remaining Balance(Current Value) : 404.06 Moody Rating : n/r S & P Rating : N/R	54,998.0000	100.5690	406.36	435.68	-29.32	22.22	1.85	5.46
FNMA GTD MTG PASS THRU CTFS POOL # AB8464 2.500% 02/01/43 B/E DTD 01/01/13 Security Identifier: 31417FMN5 Factor: 0.24527204 Factor Effective Date: 12/25/2024 Remaining Balance(Current Value) : 10,296.52 Moody Rating : n/r S & P Rating : N/R	41,980.0000	84.2430	8,674.10	10,027.27	-1,353.17	257.41	21.45	2.96
GNMA GTD MTG PASS THRU CTFS POOL # 671256 5.000% 03/15/38 B/E DTD 03/01/08 Security Identifier: 36295HWR7 Factor: 0.05712323 Factor Effective Date: 12/15/2024 Remaining Balance(Current Value) : 4,452.36 Moody Rating : n/r S & P Rating : N/R	77,943.0000	99.3230	4,422.21	4,806.41	-384.20	222.62	18.55	5.03
<b>Total Asset Backed Securities</b>			13,502.67	15,269.36	-1,766.69	502.25	41.85	
<b>TOTAL FIXED INCOME</b>			537,279.20	573,873.31	-36,594.11	16,429.32	2,701.92	

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES</b>								
<b>Common Stocks</b>								
AIR LIQUIDE ADR ISIN#US0091262024 Security Identifier: AIQUY CUSIP: 009126202 Dividend Option : Cash Capital Gains Option : Cash	406.0000	32.2500	13,093.50	15,104.28	-2,010.78	186.76	0.00	1.42
ALBEMARLE CORP COM Security Identifier: ALB CUSIP: 012653101 Dividend Option : Cash Capital Gains Option : Cash	116.0000	86.0800	9,985.28	11,883.35	-1,898.07	187.92	46.98	1.88
ALPHABET INC CL A Security Identifier: GOOGL CUSIP: 02079K305 Dividend Option : Cash Capital Gains Option : Cash	198.0000	189.3000	37,481.40	18,156.06	19,325.34	158.40	0.00	0.42
AMAZON COM INC COM Security Identifier: AMZN CUSIP: 023135106 Dividend Option : Cash Capital Gains Option : Cash	185.0000	219.3900	40,587.15	20,574.27	20,012.88	0.00	0.00	0.00
APPLIED MATLS INC COM Security Identifier: AMAT CUSIP: 038222105 Dividend Option : Cash Capital Gains Option : Cash	80.0000	162.6300	13,010.40	15,458.29	-2,447.89	128.00	0.00	0.98

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
ASTRAZENECA PLC SPONSORED ADR ISIN#US0463531089 Security Identifier: AZN CUSIP: 046353108 Dividend Option : Cash Capital Gains Option : Cash	453.0000	65.5200	29,680.56	32,338.02	-2,657.46	643.26	0.00	2.16
BAE SYS PLC SPONSORED ADR ISIN#US05523R1077 Security Identifier: BAESY CUSIP: 05523R107 Dividend Option : Cash Capital Gains Option : Cash	184.0000	57.1600	10,517.44	6,893.82	3,623.62	217.86	0.00	2.07
BLACKROCK INC NEW COM Security Identifier: 09290D101 Dividend Option : Cash Capital Gains Option : Cash	17.0000	1,025.1100	17,426.87	14,700.37	2,726.50	346.80	0.00	1.99
CADENCE DESIGN SYS INC COM Security Identifier: CDNS CUSIP: 127387108 Dividend Option : Cash Capital Gains Option : Cash	55.0000	300.4600	16,525.30	15,655.20	870.10	0.00	0.00	0.00
CANADIAN NATL RY CO COM ISIN#CA1363751027 Security Identifier: CNI CUSIP: 136375102 Dividend Option : Cash Capital Gains Option : Cash	113.0000	101.5100	11,470.63	13,639.04	-2,168.41	175.45	0.00	1.52

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
CBRE GROUP INC CL A Security Identifier: CBRE CUSIP: 12504L109 Dividend Option : Cash Capital Gains Option : Cash	176.0000	131.2900	23,107.04	22,587.86	519.18	0.00	0.00	0.00
COCA COLA CO COM Security Identifier: KO CUSIP: 191216100 Dividend Option : Cash Capital Gains Option : Cash	358.0000	62.2600	22,289.08	19,391.03	2,898.05	694.52	0.00	3.11
COPART INC COM Security Identifier: CPRT CUSIP: 217204106 Dividend Option : Cash Capital Gains Option : Cash	340.0000	57.3900	19,512.60	6,079.33	13,433.27	0.00	0.00	0.00
CSX CORP COM Security Identifier: CSX CUSIP: 126408103 Dividend Option : Cash Capital Gains Option : Cash	562.0000	32.2700	18,135.74	18,261.27	-125.53	269.76	0.00	1.48
DEUTSCHE BOERSE ADR ISIN#US2515421061 Security Identifier: DBOEY CUSIP: 251542106 Dividend Option : Cash Capital Gains Option : Cash	343.0000	23.0100	7,892.43	6,807.87	1,084.56	56.94	0.00	0.72

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## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
ELECTRONIC ARTS INC COM Security Identifier: EA CUSIP: 285512109 Dividend Option : Cash Capital Gains Option : Cash	105.0000	146.3000	15,361.50	12,814.08	2,547.42	79.80	0.00	0.51
EPAM SYS INC COM Security Identifier: EPAM CUSIP: 29414B104 Dividend Option : Cash Capital Gains Option : Cash	80.0000	233.8200	18,705.60	15,145.25	3,560.35	0.00	0.00	0.00
EVERGY INC COM Security Identifier: EVRG CUSIP: 30034W106 Dividend Option : Cash Capital Gains Option : Cash	214.0000	61.5500	13,171.70	12,359.22	812.48	571.38	0.00	4.33
FISERV INC COM Security Identifier: FISV CUSIP: 337738108 Dividend Option : Cash Capital Gains Option : Cash	55.0000	205.4200	11,298.10	8,473.20	2,824.90	0.00	0.00	0.00
GLOBANT S A COM ISIN#LU0974299876 Security Identifier: L44385109 Dividend Option : Cash Capital Gains Option : Cash	46.0000	214.4200	9,863.32	7,978.36	1,884.96	0.00	0.00	0.00
HDFC BK LTD ADR REPSTG 3 SHS Security Identifier: HDB CUSIP: 40415F101 Dividend Option : Cash Capital Gains Option : Cash	264.0000	63.8600	16,859.04	14,559.41	2,299.63	153.65	0.00	0.91

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
HERMES INTL SCA ADR ISIN#US42751Q1058 Security Identifier: HESAY CUSIP: 42751Q105 Dividend Option : Cash Capital Gains Option : Cash	33.0000	239.0300	7,887.99	7,348.70	539.29	8.64	0.00	0.10
INFINEON TECHNOLOGIES AG ISIN#US45662N1037 SPONS ADR Security Identifier: IFNNY CUSIP: 45662N103 Dividend Option : Cash Capital Gains Option : Cash	702.0000	32.4300	22,765.86	26,324.18	-3,558.32	531.41	0.00	2.33
INTERCONTINENTAL EXCHANGE INC COM Security Identifier: ICE CUSIP: 45866F104 Dividend Option : Cash Capital Gains Option : Cash	48.0000	149.0100	7,152.48	5,139.13	2,013.35	86.40	0.00	1.20
INTUITIVE SURGICAL INC COM NEW Security Identifier: ISRG CUSIP: 46120E602 Dividend Option : Cash Capital Gains Option : Cash	22.0000	521.9600	11,483.12	4,752.09	6,731.03	0.00	0.00	0.00
JOHNSON & JOHNSON COM Security Identifier: JNJ CUSIP: 478160104 Dividend Option : Cash Capital Gains Option : Cash	130.0000	144.6200	18,800.60	13,318.26	5,482.34	644.80	0.00	3.42

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
LONZA GROUP AG ADR ISIN#US54338V1017 Security Identifier: LZAGY CUSIP: 54338V101 Dividend Option : Cash Capital Gains Option : Cash	127.0000	58.7800	7,465.06	7,552.23	-87.17	10.29	0.00	0.13
LVMH MOET HENNESSY LOUIS VUITTON ADR ISIN#US5024413065 Security Identifier: LVMUY CUSIP: 502441306 Dividend Option : Cash Capital Gains Option : Cash	170.0000	130.6900	22,217.30	23,365.54	-1,148.24	345.01	0.00	1.55
L3HARRIS TECHNOLOGIES INC COM Security Identifier: LHX CUSIP: 502431109 Dividend Option : Cash Capital Gains Option : Cash	66.0000	210.2800	13,878.48	12,817.54	1,060.94	306.24	0.00	2.20
MASCO CORP COM Security Identifier: MAS CUSIP: 574599106 Dividend Option : Cash Capital Gains Option : Cash	105.0000	72.5700	7,619.85	5,332.25	2,287.60	121.80	0.00	1.59
MASTERCARD INC CL A Security Identifier: MA CUSIP: 57636Q104 Dividend Option : Cash Capital Gains Option : Cash	65.0000	526.5700	34,227.05	11,345.25	22,881.80	171.60	0.00	0.50

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
MERCADOLIBRE INC COM Security Identifier: MELI CUSIP: 58733R102 Dividend Option : Cash Capital Gains Option : Cash	8.0000	1,700.4400	13,603.52	11,168.66	2,434.86	0.00	0.00	0.00
META PLATFORMS INC CL A Security Identifier: META CUSIP: 30303M102 Dividend Option : Cash Capital Gains Option : Cash	84.0000	585.5100	49,182.84	28,513.26	20,669.58	168.00	0.00	0.34
MICROSOFT CORP COM Security Identifier: MSFT CUSIP: 594918104 Dividend Option : Cash Capital Gains Option : Cash	91.0000	421.5000	38,356.50	33,176.83	5,179.67	302.12	0.00	0.78
MOODYS CORP COM Security Identifier: MCO CUSIP: 615369105 Dividend Option : Cash Capital Gains Option : Cash	24.0000	473.3700	11,360.88	7,357.05	4,003.83	81.60	0.00	0.71
MSCI INC COM Security Identifier: MSCI CUSIP: 55354G100 Dividend Option : Cash Capital Gains Option : Cash	14.0000	600.0100	8,400.14	6,766.26	1,633.88	89.60	0.00	1.06

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
NASDAQ INC COM	108.0000	77.3100	8,349.48	7,933.17	416.31	103.68	0.00	1.24
Security Identifier: NDAQ CUSIP: 631103108 Dividend Option : Cash Capital Gains Option : Cash								
NORTHROP GRUMMAN CORP COM	23.0000	469.2900	10,793.67	10,295.51	498.16	189.52	0.00	1.75
Security Identifier: NOC CUSIP: 666807102 Dividend Option : Cash Capital Gains Option : Cash								
ROCHE HLDGS LTD SPONSORED ADR	459.0000	34.8800	16,009.92	14,648.70	1,361.22	384.49	0.00	2.40
ISIN#US7711951043 Security Identifier: RHHBY CUSIP: 771195104 Dividend Option : Cash Capital Gains Option : Cash								
S&P GLOBAL INC COM	15.0000	498.0300	7,470.45	4,920.42	2,550.03	54.60	0.00	0.73
Security Identifier: SPGI CUSIP: 78409V104 Dividend Option : Cash Capital Gains Option : Cash								
SERVICENOW INC COM	15.0000	1,060.1200	15,901.80	10,147.93	5,753.87	0.00	0.00	0.00
Security Identifier: NOW CUSIP: 81762P102 Dividend Option : Cash Capital Gains Option : Cash								

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
SOCIEDAD QUIMICA Y MINERA DE CHILE S A SPON ADR ISIN#US8336351056 Security Identifier: SQM CUSIP: 833635105 Dividend Option : Cash Capital Gains Option : Cash	308.0000	36.3600	11,198.88	12,033.67	-834.79	0.00	0.00	0.00
TAIWAN SEMICONDUCTOR MFG CO SPONSORED ADR ISIN#US8740391003 Security Identifier: TSM CUSIP: 874039100 Dividend Option : Cash Capital Gains Option : Cash	115.0000	197.4900	22,711.35	10,005.38	12,705.97	200.11	69.93	0.88
TECHTRONICS IND LTD SPON ADR Security Identifier: TTNDY CUSIP: 87873R101 Dividend Option : Cash Capital Gains Option : Cash	210.0000	65.6100	13,778.10	14,849.75	-1,071.65	46.75	0.00	0.33
THERMO FISHER SCIENTIFIC INC COM Security Identifier: TMO CUSIP: 883556102 Dividend Option : Cash Capital Gains Option : Cash	33.0000	520.2300	17,167.59	15,385.73	1,781.86	51.48	12.87	0.29
TRANSUNION COM Security Identifier: TRU CUSIP: 89400J107 Dividend Option : Cash Capital Gains Option : Cash	183.0000	92.7100	16,965.93	16,398.36	567.57	76.86	0.00	0.45

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
UNION PAC CORP COM Security Identifier: UNP CUSIP: 907818108 Dividend Option : Cash Capital Gains Option : Cash	47.0000	228.0400	10,717.88	9,676.08	1,041.80	251.92	0.00	2.35
VERTEX PHARMACEUTICALS INC COM Security Identifier: VRTX CUSIP: 92532F100 Dividend Option : Cash Capital Gains Option : Cash	17.0000	402.7000	6,845.90	3,588.10	3,257.80	0.00	0.00	0.00
VISA INC COM CL A Security Identifier: V CUSIP: 92826C839 Dividend Option : Cash Capital Gains Option : Cash	84.0000	316.0400	26,547.36	10,022.41	16,524.95	198.24	0.00	0.74
WEST FRASER TIMBER INC ISIN#CA9528451052 Security Identifier: WFTBF CUSIP: 952845105 Dividend Option : Cash Capital Gains Option : Cash	123.0000	86.6133	10,653.44	10,160.36	493.08	111.01	39.36	1.04
<b>Total Common Stocks</b>			845,488.10	663,202.38	182,285.72	8,406.67	169.14	
<b>Real Estate Investment Trusts</b>								
EXTRA SPACE STORAGE INC COM Security Identifier: EXR CUSIP: 30225T102 Dividend Option : Cash Capital Gains Option : Cash	91.0000	149.6000	13,613.60	15,528.12	-1,914.52	589.68	0.00	4.33
<b>Total Real Estate Investment Trusts</b>			13,613.60	15,528.12	-1,914.52	589.68	0.00	
<b>TOTAL EQUITIES</b>			859,101.70	678,730.50	180,371.20	8,996.35	169.14	

The accompany notes are an integral part of these schedules.

**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>MUTUAL FUNDS</b>								
MANNING & NAPIER OVERSEAS SERIES FUND CLASS W Security Identifier: MNOWX CUSIP: 56382R399 Dividend Option : Reinvest Capital Gains Option : Reinvest	1,908.5980	32.2200	61,495.03	47,454.87	14,040.16	1,236.77	0.00	2.01
MANNING & NAPIER CREDIT SERIES FUND CLASS W Security Identifier: MCDWX CUSIP: 56382R464 Dividend Option : Reinvest Capital Gains Option : Reinvest	61,467.1260	8.9300	548,901.44	581,823.01	-32,921.57	26,369.40	0.00	4.80
<b>TOTAL MUTUAL FUNDS</b>			610,396.47	629,277.88	-18,881.41	27,606.17	0.00	
			<b>Market Value</b>	<b>Current Cost Basis</b>	<b>Unrealized Gain/Loss</b>	<b>Estimated Annual Income</b>	<b>Accrued Current Income</b>	
<b>TOTAL PORTFOLIO</b>			2,025,623.72	1,900,728.04	124,895.68	53,031.84	2,892.38	

\* A party-in-interest as defined by ERISA.

The accompany notes are an integral part of these schedules.

**SEIU LOCAL 200 UNITED BENEFIT FUND**

**Financial Statements  
and Supplemental Information as of  
December 31, 2024 and 2023  
Together with  
Independent Auditor's Report**

# SEIU LOCAL 200 UNITED BENEFIT FUND

## TABLE OF CONTENTS

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	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1 - 3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8 - 15
SUPPLEMENTAL INFORMATION:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	16 - 29
Schedule H, Line 4(j) - Schedule of Reportable Transactions	30
Schedules of Insurance Premiums and Administrative Expenses	31

## INDEPENDENT AUDITOR'S REPORT

May 15, 2025

To the Board of Trustees of the  
SEIU Local 200 United Benefit Fund:

### Opinion

We have audited the accompanying financial statements of the SEIU Local 200 United Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the SEIU Local 200 United Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 SEIU Local 200 United Benefit Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 SEIU Local 200 United Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are 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.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **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 generally accepted auditing standards 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 generally accepted auditing standards, 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 ABC Company Defined Benefit 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 ABC Company Defined Benefit 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 Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

(Continued)

## INDEPENDENT AUDITOR'S REPORT

(Continued)

### Supplemental Schedules Required by ERISA (Continued)

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

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

### Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Insurance Premiums and Administrative Expenses for the years ended December 31, 2024 and 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Bonadio & Co., LLP*

# SEIU LOCAL 200 UNITED BENEFIT FUND

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Cash	\$ 39,667	\$ 38,328
Investments:		
Cash and cash equivalents	18,846	39,478
Mortgage-backed assets	13,503	15,004
U.S. Government securities	523,777	706,986
Equity securities	859,102	596,286
Mutual funds	610,396	597,866
Total investments	<u>2,025,624</u>	<u>1,955,620</u>
Receivables:		
Employer contributions	15,113	39,199
Accrued income	2,892	3,881
Total receivables	<u>18,005</u>	<u>43,080</u>
Equipment, net	<u>-</u>	<u>116</u>
Total assets	<u>2,083,296</u>	<u>2,037,144</u>
<b>LIABILITIES</b>		
Accounts payable	<u>4,897</u>	<u>8,891</u>
Total liabilities	<u>4,897</u>	<u>8,891</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,078,399</u>	<u>\$ 2,028,253</u>

The accompanying notes are an integral part of these statements.

# SEIU LOCAL 200 UNITED BENEFIT FUND

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 77,941	\$ 157,185
Interest	19,731	18,274
Dividends	<u>38,555</u>	<u>33,156</u>
	136,227	208,615
Less: Investment management fees	<u>17,152</u>	<u>15,460</u>
Total investment income, net	<u>119,075</u>	<u>193,155</u>
Contributions:		
Participating employers	680,015	729,219
Individual participants	<u>152,220</u>	<u>101,370</u>
Total contributions	<u>832,235</u>	<u>830,589</u>
Other income	<u>-</u>	<u>53</u>
Total additions	<u>951,310</u>	<u>1,023,797</u>
DEDUCTIONS:		
Cost of benefits paid:		
Self-insured benefits paid	505,865	427,613
Insurance premiums	<u>182,466</u>	<u>241,020</u>
Total cost of benefits paid	688,331	668,633
Administrative expenses	<u>212,833</u>	<u>193,959</u>
Total deductions	<u>901,164</u>	<u>862,592</u>
NET INCREASE	50,146	161,205
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>2,028,253</u>	<u>1,867,048</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 2,078,399</u>	<u>\$ 2,028,253</u>

The accompanying notes are an integral part of these statements.

**SEIU LOCAL 200 UNITED BENEFIT FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS**

**DECEMBER 31, 2024 AND 2023**

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	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Claims payable and claims incurred but not reported	<u>\$ 39,938</u>	<u>\$ 42,258</u>
Total benefit obligations	<u>\$ 39,938</u>	<u>\$ 42,258</u>

The accompanying notes are an integral part of these statements.

## SEIU LOCAL 200 UNITED BENEFIT FUND

### STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Balance at beginning of year	\$ 42,258	\$ 50,590
Claims reported and approved for payment	503,545	419,281
Claims paid	<u>(505,865)</u>	<u>(427,613)</u>
Total benefit obligations at end of year	<u>\$ 39,938</u>	<u>\$ 42,258</u>

The accompanying notes are an integral part of these statements.

# SEIU LOCAL 200UNITED BENEFIT FUND

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 1. DESCRIPTION OF THE PLAN

The following description of the SEIU Local 200United Benefit Fund (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

#### **General**

The Plan is a multiemployer defined benefit welfare plan that provides health, hospital, medical, surgical, vision, dental, accidental death, life insurance and disability insurance benefits for eligible employees covered by the collective bargaining agreements (CBAs) between SEIU Local 200United (the Local) and the employers signatory to the CBAs. Officers and employees of both the Local and the Plan are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Benefits and Eligibility**

The Plan provides medical, dental, prescription, vision, life, accidental death and dismemberment and disability benefits through contracts with Blue Cross/Blue Shield, Independent Health, Cigna Health and Life Insurance Company, Davis Vision, Guardian, Hartford Life Insurance Company and HM Life Insurance Company to eligible participants and their beneficiaries and covered dependents upon payment of a premium to the Plan. Self-insured dental claims are processed by the Plan's third-party claims processor under an administrative services only agreement. Eligibility requirements for working participants are based on the rules of eligibility for the applicable CBA. Members should refer to the Plan document for specific coverage and eligibility requirements.

#### **Flexible Spending Account Plan**

The Plan has a health flexible spending account (FSA) program where participants can elect a salary reduction into their FSA. Participants can contribute between \$260-\$3,200 per Plan year to their FSA. Beginning in 2023, participants can also contribute between \$2,500 (for married filing separately) and \$5,000 (for single or married filing jointly) per Plan year into their Dependent Care Flexible Spending Account (DCFSA). Participants may carryover up to \$660 and \$550 of unused amounts in their FSA to the next Plan year for the years ended December 31, 2024 and 2023, respectively. Any amounts in excess of \$660/\$550 at the end of each plan year are forfeited. The FSA is designed to reimburse for medical expenses not covered under the medical plan, and the DCFSA is designed to reimburse eligible dependent care assistance expenses as permitted by the IRS. Claims must be submitted for reimbursement to the Plan no later than 90 days after the end of the Plan year for payment. These claims are processed by the Plan's third-party claims processor under an administrative services only agreement. The benefits are limited to each participant's own entitlement and are not vested.

#### **Contributions**

Participating employers contribute the monthly premiums pursuant to the current CBA between participating employers and the Local. The full cost of premiums plus a 3% administrative fee is remitted by the participating employers dependent on the numbers of participants and the level of coverage. Qualified terminated former participants may participate by remitting the current COBRA premium plus a 2% administrative fee. Participants and dependents are eligible to continue insurance for up to 18 months (29 months in case of certain disabled individuals), when termination of insurance is due to a reduction in hours worked, or upon terminations of employment.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### **Basis of Accounting**

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

### **Cash**

Cash (excluding cash and cash equivalents included with investments) consists of bank demand deposit accounts. At times, the balances in these accounts may exceed federally insured limits. The Plan has not experienced any losses in these accounts and management believes the Plan is not exposed to any significant credit risk with respect to cash.

### **Investments**

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Fair Value Measurements**

The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; 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.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Fair Value Measurements (Continued)**

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used during the years ended December 31, 2024 and 2023.

*Equity securities, mutual funds, and U.S. Government securities* are valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

*Mortgage-backed assets* are valued using Level 2 inputs at the quoted closing price of the underlying assets of the pool or based on yields currently available on comparable securities of issuers with similar credit ratings.

*Cash and cash equivalents* consist of money market funds and are valued using Level 1 inputs based on quoted net asset values of the shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

### **Employer Contributions Receivable**

Employer contributions receivable represent contributions from employers not received at year-end. Employer contributions receivable have been collected in full by the Plan subsequent to the respective year-end. No allowance for uncollectible contributions was required.

### **Equipment**

Equipment is stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets. The Plan capitalizes additions that exceed \$1,000 and have useful lives greater than one year.

### **Benefit Obligations**

Plan benefit obligations for dental claims currently payable and obligations incurred but not reported as of December 31, 2024 and 2023 are estimated by the Plan's claims consultant based upon current and prior year's claim experience. There are no postretirement benefits available to members.

### **Administrative Expenses**

All administrative expenses are paid by the Plan.

### **Benefit Payments**

Benefit payments are recorded as an expense when paid.

### **Leases**

The Plan determines if an arrangement is a lease at inception. For all underlying classes of assets, the Plan has elected to not recognize right-of-use assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement and do not include an option to purchase the underlying asset that the Plan is reasonably certain to exercise.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates, particularly and such differences may be significant.

## **3. INCOME TAX STATUS**

The Plan obtained its latest determination letter on December 15, 2000, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe the Plan is qualified and the related trust is tax-exempt.

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) and the Return for Exempt Organizations (Form 990) in the U.S. federal jurisdiction.

## **4. PLAN TERMINATION**

Although it has expressed no intent to do so, the Board of Trustees has the right to discontinue or terminate the Plan at any time.

The following is a list of priorities if the Plan is terminated:

- a) To satisfy any outstanding benefit obligations and expenses incurred in the normal administration of the Plan.
- b) To disburse any remaining funds in an appropriate manner as determined by the Board of Trustees.

## **5. PARTY-IN-INTEREST TRANSACTIONS**

The Plan has holdings in various mutual fund series of the Manning & Napier Funds, Inc. These funds are managed by an entity related to Manning & Napier Advisors, Inc., the investment manager of the Plan, and therefore, qualify as party-in-interest transactions.

## **6. RELATED PARTY TRANSACTIONS**

### **Shared Services and Administrative Expenses**

The Plan has a shared services agreement with the Local to employ individuals to provide general clerical and bookkeeping services to the Plan. The Plan reimburses the Local for 40% or 60% of the total compensation for these individuals on a monthly basis for hours spent working for the Plan.

## 6. RELATED PARTY TRANSACTIONS (Continued)

For the years ended December 31, 2024 and 2023, \$107,597 and \$81,028, respectively, was paid by the Plan to the Local for these shared costs and is included in administrative expenses on the schedules of insurance premiums and administrative expenses.

## 7. EQUIPMENT, NET

Equipment consists of the following at December 31:

	<u>2024</u>	<u>2023</u>
Office equipment (estimated lives 3-5 years)	\$ 15,324	\$ 15,324
Less: Accumulated depreciation	<u>(15,324)</u>	<u>(15,208)</u>
	<u>\$ -</u>	<u>\$ 116</u>

Depreciation expense was \$116 and \$281 for the years ended December 31, 2024 and 2023, respectively.

## 8. EMPLOYEE BENEFIT PLANS

The Plan currently participates in one multiemployer pension plan, the SEIU Affiliates, Officers and Employees Pension Plan. The Plan contributes to this plan based on a participation agreement covering the Plan's employees. The Plan does not directly manage the multiemployer plan, which is generally managed by a Board of Trustees.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (2) if a participating employer stops contributing to the multiemployer plan, the unfunded obligations of the multiemployer plan may be borne by the remaining participating employers; (3) if the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability. If the multiemployer plan was to terminate, if participants voluntarily withdrew or there was a mass withdrawal, the Plan may also be required to make additional payments to the multiemployer plan for its proportionate share of the unfunded liabilities.

The Pension Protection Act (PPA) requires under-funded pension plans to improve their funding ratios based on the level of their underfunding. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The Multiemployer Pension Reform Act of 2014 created a new zone status of "critical and declining" for those plans 1) projected to be insolvent in the current year or any of the 14 succeeding plan years; or 2) projected to be insolvent in current year or any of the 19 succeeding plan years and a) the ratio of inactive to active participants exceeds 2 to 1, or b) the plan is less than 80% funded. Based upon the information available from plan administrators, management does not believe any of these multiemployer plans are underfunded.

## 8. EMPLOYEE BENEFIT PLANS (Continued)

Based on information available, details of the multiemployer plan is as follows:

Pension Trust Fund	Employer Identification Number/ Plan Number	Pension Protection Act ("PPA") Certified Zone Status <sup>1</sup>		FIP/RP Status Pending/ Implemented <sup>2</sup>	Contributions for the year ended December 31, <sup>3</sup>		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement <sup>4</sup>
					2024	2023		
SEIU Affiliates, Officers and Employees Pension Plan	EIN 52-0812348 Plan 001	Green	Green	No	\$ 14,916	\$ 10,817	No	N/A

<sup>1</sup> The most recent PPA zone status available is for the Plan's year-end as noted in the table above. The zone status is based on information received from the Plan is certified by the Plan's actuary.

<sup>2</sup> The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. As part of the "FIP" or "RP" changes to the Plan such as rate increases or benefit reductions might have occurred.

<sup>3</sup> The Plan's share of the contributions to each of these plans did not represent 5% or more of total contributions for any of the plans for the years ended December 31, 2024 and 2023, respectively.

<sup>4</sup> Lists the expiration date of the collective bargaining agreement to which the plans are subject.

The Plan currently has no intention of withdrawing from the multiemployer pension plan in which it participates.

## 9. 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 December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 2,078,399	\$ 2,028,253
Benefit obligations currently payable to or for participants, beneficiaries, and dependents	<u>(39,938)</u>	<u>(42,258)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,038,461</u>	<u>\$ 1,985,995</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 505,865	\$ 427,613
Add: Amounts payable at end of year	39,938	42,258
Less: Amounts payable at beginning of year	<u>(42,258)</u>	<u>(50,590)</u>
Benefits paid to participants per the Form 5500	<u>\$ 503,545</u>	<u>\$ 419,281</u>

## 10. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 18,846	\$ -	\$ -	\$ 18,846
Mortgage-backed securities	-	13,503	-	13,503
U.S. Government securities	523,777	-	-	523,777
Equity securities	859,102	-	-	859,102
Mutual funds	<u>610,396</u>	<u>-</u>	<u>-</u>	<u>610,396</u>
Total assets at fair value	<u>\$ 2,012,121</u>	<u>\$ 13,503</u>	<u>\$ -</u>	<u>\$ 2,025,624</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 39,478	\$ -	\$ -	\$ 39,478
Mortgage-backed securities	-	15,004	-	15,004
U.S. Government securities	706,986	-	-	706,986
Equity securities	596,286	-	-	596,286
Mutual funds	<u>597,866</u>	<u>-</u>	<u>-</u>	<u>597,866</u>
Total assets at fair value	<u>\$ 1,940,616</u>	<u>\$ 15,004</u>	<u>\$ -</u>	<u>\$ 1,955,620</u>

## 11. NET ASSETS AVAILABLE FOR BENEFITS

Total net asset available for benefits at December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Allocated amount, FSA accounts	\$ 207	\$ 379
Unallocated amounts, used for Plan administration	<u>2,078,192</u>	<u>2,027,874</u>
	<u>\$ 2,078,399</u>	<u>\$ 2,028,253</u>

## 12. PLAN AMENDMENTS

Effective January 1, 2024, the Plan allowed dependent care assistance expenses to be allowable under the flexible spending account plan.

There were no significant Plan amendments adopted during the years ended December 31, 2023.

**13. LEASES**

The Plan has an operating lease agreement for office space beginning on February 1, 2023 with monthly rental payments of \$497. Rental amounts increase annually 3%. The agreement may be terminated by either party by written notice to the other parties without penalty, and otherwise shall be automatically renewed on the anniversary date. Total rent expense under the operating lease was \$6,054 and \$5,462 for the years ended December 31, 2024 and 2023.

**14. RISKS AND UNCERTAINTIES**

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

**15. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through May 15, 2025, which is the date the financial statements were available to be issued.

**Portfolio Holdings**

	Opening Date	Activity Ending	Quantity	Opening Balance	Closing Balance	Current Cost Basis	30 day Yield %	Income this Year	Accrued Income	Current Yield %
<b>CASH, MONEY FUNDS AND BANK DEPOSITS</b>										
<b>Cash Balance</b>				0.00	169.02	169.02				
<b>FDIC Eligible Bank Deposits</b>										
* BNY MELLON NA INSURED DEP ACCT	01/01/2024	12/31/2024	18,677.3300	39,478.04	18,677.33	18,677.33	N/A	1,520.42	21.32	N/A
<b>Total FDIC Eligible Bank Deposits</b>				39,478.04	18,677.33	18,677.33			21.32	
<b>TOTAL CASH, MONEY FUNDS AND BANK DEPOSITS</b>				39,478.04	18,846.35	18,846.35			21.32	

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>FIXED INCOME</b>								
<b>U.S. Treasury Securities</b>								
UNITED STATES TREAS BDS 3.875% 08/15/40 B/E DTD 08/15/10 Security Identifier: 912810QK7 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 51,000.00 Moody Rating : Aaa S & P Rating : N/R	51,000.0000	90.0780	45,939.78	58,538.44	-12,598.66	1,976.25	741.09	4.30
UNITED STATES TREAS BDS 3.000% 05/15/47 B/E DTD 05/15/17 Security Identifier: 912810RX8 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 79,000.00 Moody Rating : Aaa S & P Rating : N/R	79,000.0000	73.9960	58,456.84	62,787.50	-4,330.66	2,370.00	301.16	4.05
UNITED STATES TREAS 10YR NTS TIPS 0.125% 01/15/31 B/E DTD 01/15/21 Security Identifier: 91282CBF7 Factor: 1.21257 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 63,053.64 Moody Rating : Aaa S & P Rating : N/R	52,000.0000	88.7550	55,963.26	55,752.98	210.28	78.82	36.20	0.14

The accompany notes are an integral part of these schedules.

**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>FIXED INCOME (continued)</b>								
<b>U.S. Treasury Securities (continued)</b>								
UNITED STATES TREAS NTS 2.875% 05/15/32 B/E DTD 05/15/22 Security Identifier: 91282CEP2 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 164,000.00 Moody Rating : Aaa S & P Rating : N/R	164,000.0000	89.8090	147,286.76	163,461.88	-16,175.12	4,715.00	599.14	3.20
UNITED STATES TREAS NTS 4.000% 10/31/29 B/E DTD 10/31/22 Security Identifier: 91282CFT3 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 27,000.00 Moody Rating : Aaa S & P Rating : N/R	27,000.0000	98.3050	26,542.35	27,368.40	-826.05	1,080.00	183.96	4.06
UNITED STATES TREAS NTS 4.475% 01/31/25 B/E DTD 01/31/23 Security Identifier: 91282CGF2 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 37,000.00 Moody Rating : Aaa S & P Rating : N/R	37,000.0000	100.0030	37,001.11	37,021.87	-20.76	1,655.75	283.72	4.47
UNITED STATES TREAS NTS 3.375% 05/15/33 B/E DTD 05/15/23 Security Identifier: 91282CHC8 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 108,000.00 Moody Rating : Aaa S & P Rating : N/R	108,000.0000	91.9060	99,258.48	100,383.04	-1,124.56	3,645.00	463.18	3.67

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**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>FIXED INCOME (continued)</b>								
<b>U.S. Treasury Securities (continued)</b>								
UNITED STATES TREAS NTS 0.625% 05/15/30 B/E DTD 05/15/20 Security Identifier: 912828ZQ6 Factor: 1 Factor Effective Date: 12/31/2024 Remaining Balance(Current Value) : 65,000.00 Moody Rating : Aaa S & P Rating : N/R	65,000.0000	82.0430	53,327.95	53,289.84	38.11	406.25	51.62	0.76
<b>Total U.S. Treasury Securities</b>			523,776.53	558,603.95	-34,827.42	15,927.07	2,660.07	
<b>Asset Backed Securities</b>								
FEDERAL HOME LN MTG CORP PARTN CTFS POOL # G04688 "GOLD" 5.500% 09/01/38 B/E DTD 09/01/08 Security Identifier: 3128M6RH3 Factor: 0.00734674 Factor Effective Date: 12/15/2024 Remaining Balance(Current Value) : 404.06 Moody Rating : n/r S & P Rating : N/R	54,998.0000	100.5690	406.36	435.68	-29.32	22.22	1.85	5.46
FNMA GTD MTG PASS THRU CTFS POOL # AB8464 2.500% 02/01/43 B/E DTD 01/01/13 Security Identifier: 31417FMN5 Factor: 0.24527204 Factor Effective Date: 12/25/2024 Remaining Balance(Current Value) : 10,296.52 Moody Rating : n/r S & P Rating : N/R	41,980.0000	84.2430	8,674.10	10,027.27	-1,353.17	257.41	21.45	2.96
GNMA GTD MTG PASS THRU CTFS POOL # 671256 5.000% 03/15/38 B/E DTD 03/01/08 Security Identifier: 36295HWR7 Factor: 0.05712323 Factor Effective Date: 12/15/2024 Remaining Balance(Current Value) : 4,452.36 Moody Rating : n/r S & P Rating : N/R	77,943.0000	99.3230	4,422.21	4,806.41	-384.20	222.62	18.55	5.03
<b>Total Asset Backed Securities</b>			13,502.67	15,269.36	-1,766.69	502.25	41.85	
<b>TOTAL FIXED INCOME</b>			537,279.20	573,873.31	-36,594.11	16,429.32	2,701.92	

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES</b>								
<b>Common Stocks</b>								
AIR LIQUIDE ADR ISIN#US0091262024 Security Identifier: AIQUY CUSIP: 009126202 Dividend Option : Cash Capital Gains Option : Cash	406.0000	32.2500	13,093.50	15,104.28	-2,010.78	186.76	0.00	1.42
ALBEMARLE CORP COM Security Identifier: ALB CUSIP: 012653101 Dividend Option : Cash Capital Gains Option : Cash	116.0000	86.0800	9,985.28	11,883.35	-1,898.07	187.92	46.98	1.88
ALPHABET INC CL A Security Identifier: GOOGL CUSIP: 02079K305 Dividend Option : Cash Capital Gains Option : Cash	198.0000	189.3000	37,481.40	18,156.06	19,325.34	158.40	0.00	0.42
AMAZON COM INC COM Security Identifier: AMZN CUSIP: 023135106 Dividend Option : Cash Capital Gains Option : Cash	185.0000	219.3900	40,587.15	20,574.27	20,012.88	0.00	0.00	0.00
APPLIED MATLS INC COM Security Identifier: AMAT CUSIP: 038222105 Dividend Option : Cash Capital Gains Option : Cash	80.0000	162.6300	13,010.40	15,458.29	-2,447.89	128.00	0.00	0.98

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## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
ASTRAZENECA PLC SPONSORED ADR ISIN#US0463531089 Security Identifier: AZN CUSIP: 046353108 Dividend Option : Cash Capital Gains Option : Cash	453.0000	65.5200	29,680.56	32,338.02	-2,657.46	643.26	0.00	2.16
BAE SYS PLC SPONSORED ADR ISIN#US05523R1077 Security Identifier: BAESY CUSIP: 05523R107 Dividend Option : Cash Capital Gains Option : Cash	184.0000	57.1600	10,517.44	6,893.82	3,623.62	217.86	0.00	2.07
BLACKROCK INC NEW COM Security Identifier: 09290D101 Dividend Option : Cash Capital Gains Option : Cash	17.0000	1,025.1100	17,426.87	14,700.37	2,726.50	346.80	0.00	1.99
CADENCE DESIGN SYS INC COM Security Identifier: CDNS CUSIP: 127387108 Dividend Option : Cash Capital Gains Option : Cash	55.0000	300.4600	16,525.30	15,655.20	870.10	0.00	0.00	0.00
CANADIAN NATL RY CO COM ISIN#CA1363751027 Security Identifier: CNI CUSIP: 136375102 Dividend Option : Cash Capital Gains Option : Cash	113.0000	101.5100	11,470.63	13,639.04	-2,168.41	175.45	0.00	1.52

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## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
CBRE GROUP INC CL A Security Identifier: CBRE CUSIP: 12504L109 Dividend Option : Cash Capital Gains Option : Cash	176.0000	131.2900	23,107.04	22,587.86	519.18	0.00	0.00	0.00
COCA COLA CO COM Security Identifier: KO CUSIP: 191216100 Dividend Option : Cash Capital Gains Option : Cash	358.0000	62.2600	22,289.08	19,391.03	2,898.05	694.52	0.00	3.11
COPART INC COM Security Identifier: CPRT CUSIP: 217204106 Dividend Option : Cash Capital Gains Option : Cash	340.0000	57.3900	19,512.60	6,079.33	13,433.27	0.00	0.00	0.00
CSX CORP COM Security Identifier: CSX CUSIP: 126408103 Dividend Option : Cash Capital Gains Option : Cash	562.0000	32.2700	18,135.74	18,261.27	-125.53	269.76	0.00	1.48
DEUTSCHE BOERSE ADR ISIN#US2515421061 Security Identifier: DBOEY CUSIP: 251542106 Dividend Option : Cash Capital Gains Option : Cash	343.0000	23.0100	7,892.43	6,807.87	1,084.56	56.94	0.00	0.72

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## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
ELECTRONIC ARTS INC COM Security Identifier: EA CUSIP: 285512109 Dividend Option : Cash Capital Gains Option : Cash	105.0000	146.3000	15,361.50	12,814.08	2,547.42	79.80	0.00	0.51
EPAM SYS INC COM Security Identifier: EPAM CUSIP: 29414B104 Dividend Option : Cash Capital Gains Option : Cash	80.0000	233.8200	18,705.60	15,145.25	3,560.35	0.00	0.00	0.00
EVERGY INC COM Security Identifier: EVRG CUSIP: 30034W106 Dividend Option : Cash Capital Gains Option : Cash	214.0000	61.5500	13,171.70	12,359.22	812.48	571.38	0.00	4.33
FISERV INC COM Security Identifier: FISV CUSIP: 337738108 Dividend Option : Cash Capital Gains Option : Cash	55.0000	205.4200	11,298.10	8,473.20	2,824.90	0.00	0.00	0.00
GLOBANT S A COM ISIN#LU0974299876 Security Identifier: L44385109 Dividend Option : Cash Capital Gains Option : Cash	46.0000	214.4200	9,863.32	7,978.36	1,884.96	0.00	0.00	0.00
HDFC BK LTD ADR REPSTG 3 SHS Security Identifier: HDB CUSIP: 40415F101 Dividend Option : Cash Capital Gains Option : Cash	264.0000	63.8600	16,859.04	14,559.41	2,299.63	153.65	0.00	0.91

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
HERMES INTL SCA ADR ISIN#US42751Q1058 Security Identifier: HESAY CUSIP: 42751Q105 Dividend Option : Cash Capital Gains Option : Cash	33.0000	239.0300	7,887.99	7,348.70	539.29	8.64	0.00	0.10
INFINEON TECHNOLOGIES AG ISIN#US45662N1037 SPONS ADR Security Identifier: IFNNY CUSIP: 45662N103 Dividend Option : Cash Capital Gains Option : Cash	702.0000	32.4300	22,765.86	26,324.18	-3,558.32	531.41	0.00	2.33
INTERCONTINENTAL EXCHANGE INC COM Security Identifier: ICE CUSIP: 45866F104 Dividend Option : Cash Capital Gains Option : Cash	48.0000	149.0100	7,152.48	5,139.13	2,013.35	86.40	0.00	1.20
INTUITIVE SURGICAL INC COM NEW Security Identifier: ISRG CUSIP: 46120E602 Dividend Option : Cash Capital Gains Option : Cash	22.0000	521.9600	11,483.12	4,752.09	6,731.03	0.00	0.00	0.00
JOHNSON & JOHNSON COM Security Identifier: JNJ CUSIP: 478160104 Dividend Option : Cash Capital Gains Option : Cash	130.0000	144.6200	18,800.60	13,318.26	5,482.34	644.80	0.00	3.42

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## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
LONZA GROUP AG ADR ISIN#US54338V1017 Security Identifier: LZAGY CUSIP: 54338V101 Dividend Option : Cash Capital Gains Option : Cash	127.0000	58.7800	7,465.06	7,552.23	-87.17	10.29	0.00	0.13
LVMH MOET HENNESSY LOUIS VUITTON ADR ISIN#US5024413065 Security Identifier: LVMUY CUSIP: 502441306 Dividend Option : Cash Capital Gains Option : Cash	170.0000	130.6900	22,217.30	23,365.54	-1,148.24	345.01	0.00	1.55
L3HARRIS TECHNOLOGIES INC COM Security Identifier: LHX CUSIP: 502431109 Dividend Option : Cash Capital Gains Option : Cash	66.0000	210.2800	13,878.48	12,817.54	1,060.94	306.24	0.00	2.20
MASCO CORP COM Security Identifier: MAS CUSIP: 574599106 Dividend Option : Cash Capital Gains Option : Cash	105.0000	72.5700	7,619.85	5,332.25	2,287.60	121.80	0.00	1.59
MASTERCARD INC CL A Security Identifier: MA CUSIP: 57636Q104 Dividend Option : Cash Capital Gains Option : Cash	65.0000	526.5700	34,227.05	11,345.25	22,881.80	171.60	0.00	0.50

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
MERCADOLIBRE INC COM Security Identifier: MELI CUSIP: 58733R102 Dividend Option : Cash Capital Gains Option : Cash	8.0000	1,700.4400	13,603.52	11,168.66	2,434.86	0.00	0.00	0.00
META PLATFORMS INC CL A Security Identifier: META CUSIP: 30303M102 Dividend Option : Cash Capital Gains Option : Cash	84.0000	585.5100	49,182.84	28,513.26	20,669.58	168.00	0.00	0.34
MICROSOFT CORP COM Security Identifier: MSFT CUSIP: 594918104 Dividend Option : Cash Capital Gains Option : Cash	91.0000	421.5000	38,356.50	33,176.83	5,179.67	302.12	0.00	0.78
MOODYS CORP COM Security Identifier: MCO CUSIP: 615369105 Dividend Option : Cash Capital Gains Option : Cash	24.0000	473.3700	11,360.88	7,357.05	4,003.83	81.60	0.00	0.71
MSCI INC COM Security Identifier: MSCI CUSIP: 55354G100 Dividend Option : Cash Capital Gains Option : Cash	14.0000	600.0100	8,400.14	6,766.26	1,633.88	89.60	0.00	1.06

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
NASDAQ INC COM	108.0000	77.3100	8,349.48	7,933.17	416.31	103.68	0.00	1.24
Security Identifier: NDAQ CUSIP: 631103108 Dividend Option : Cash Capital Gains Option : Cash								
NORTHROP GRUMMAN CORP COM	23.0000	469.2900	10,793.67	10,295.51	498.16	189.52	0.00	1.75
Security Identifier: NOC CUSIP: 666807102 Dividend Option : Cash Capital Gains Option : Cash								
ROCHE HLDGS LTD SPONSORED ADR	459.0000	34.8800	16,009.92	14,648.70	1,361.22	384.49	0.00	2.40
ISIN#US7711951043 Security Identifier: RHHBY CUSIP: 771195104 Dividend Option : Cash Capital Gains Option : Cash								
S&P GLOBAL INC COM	15.0000	498.0300	7,470.45	4,920.42	2,550.03	54.60	0.00	0.73
Security Identifier: SPGI CUSIP: 78409V104 Dividend Option : Cash Capital Gains Option : Cash								
SERVICENOW INC COM	15.0000	1,060.1200	15,901.80	10,147.93	5,753.87	0.00	0.00	0.00
Security Identifier: NOW CUSIP: 81762P102 Dividend Option : Cash Capital Gains Option : Cash								

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
SOCIEDAD QUIMICA Y MINERA DE CHILE S A SPON ADR ISIN#US8336351056 Security Identifier: SQM CUSIP: 833635105 Dividend Option : Cash Capital Gains Option : Cash	308.0000	36.3600	11,198.88	12,033.67	-834.79	0.00	0.00	0.00
TAIWAN SEMICONDUCTOR MFG CO SPONSORED ADR ISIN#US8740391003 Security Identifier: TSM CUSIP: 874039100 Dividend Option : Cash Capital Gains Option : Cash	115.0000	197.4900	22,711.35	10,005.38	12,705.97	200.11	69.93	0.88
TECHTRONICS IND LTD SPON ADR Security Identifier: TTNDY CUSIP: 87873R101 Dividend Option : Cash Capital Gains Option : Cash	210.0000	65.6100	13,778.10	14,849.75	-1,071.65	46.75	0.00	0.33
THERMO FISHER SCIENTIFIC INC COM Security Identifier: TMO CUSIP: 883556102 Dividend Option : Cash Capital Gains Option : Cash	33.0000	520.2300	17,167.59	15,385.73	1,781.86	51.48	12.87	0.29
TRANSUNION COM Security Identifier: TRU CUSIP: 89400J107 Dividend Option : Cash Capital Gains Option : Cash	183.0000	92.7100	16,965.93	16,398.36	567.57	76.86	0.00	0.45

The accompany notes are an integral part of these schedules.

## Portfolio Holdings (continued)

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>EQUITIES (continued)</b>								
<b>Common Stocks (continued)</b>								
UNION PAC CORP COM Security Identifier: UNP CUSIP: 907818108 Dividend Option : Cash Capital Gains Option : Cash	47.0000	228.0400	10,717.88	9,676.08	1,041.80	251.92	0.00	2.35
VERTEX PHARMACEUTICALS INC COM Security Identifier: VRTX CUSIP: 92532F100 Dividend Option : Cash Capital Gains Option : Cash	17.0000	402.7000	6,845.90	3,588.10	3,257.80	0.00	0.00	0.00
VISA INC COM CL A Security Identifier: V CUSIP: 92826C839 Dividend Option : Cash Capital Gains Option : Cash	84.0000	316.0400	26,547.36	10,022.41	16,524.95	198.24	0.00	0.74
WEST FRASER TIMBER INC ISIN#CA9528451052 Security Identifier: WFTBF CUSIP: 952845105 Dividend Option : Cash Capital Gains Option : Cash	123.0000	86.6133	10,653.44	10,160.36	493.08	111.01	39.36	1.04
<b>Total Common Stocks</b>			845,488.10	663,202.38	182,285.72	8,406.67	169.14	
<b>Real Estate Investment Trusts</b>								
EXTRA SPACE STORAGE INC COM Security Identifier: EXR CUSIP: 30225T102 Dividend Option : Cash Capital Gains Option : Cash	91.0000	149.6000	13,613.60	15,528.12	-1,914.52	589.68	0.00	4.33
<b>Total Real Estate Investment Trusts</b>			13,613.60	15,528.12	-1,914.52	589.68	0.00	
<b>TOTAL EQUITIES</b>			859,101.70	678,730.50	180,371.20	8,996.35	169.14	

The accompany notes are an integral part of these schedules.

**Portfolio Holdings (continued)**

	Quantity	Price	Market Value	Current Cost Basis	Unrealized Gain/Loss	Estimated Annual Income	Accrued Current Income	Current Yield
<b>MUTUAL FUNDS</b>								
MANNING & NAPIER OVERSEAS SERIES FUND CLASS W Security Identifier: MNOWX CUSIP: 56382R399 Dividend Option : Reinvest Capital Gains Option : Reinvest	1,908.5980	32.2200	61,495.03	47,454.87	14,040.16	1,236.77	0.00	2.01
MANNING & NAPIER CREDIT SERIES FUND CLASS W Security Identifier: MCDWX CUSIP: 56382R464 Dividend Option : Reinvest Capital Gains Option : Reinvest	61,467.1260	8.9300	548,901.44	581,823.01	-32,921.57	26,369.40	0.00	4.80
<b>TOTAL MUTUAL FUNDS</b>			610,396.47	629,277.88	-18,881.41	27,606.17	0.00	
			<b>Market Value</b>	<b>Current Cost Basis</b>	<b>Unrealized Gain/Loss</b>	<b>Estimated Annual Income</b>	<b>Accrued Current Income</b>	
<b>TOTAL PORTFOLIO</b>			2,025,623.72	1,900,728.04	124,895.68	53,031.84	2,892.38	

\* A party-in-interest as defined by ERISA.

The accompany notes are an integral part of these schedules.

**SEIU LOCAL 200 UNITED BENEFIT FUND**

EMPLOYER IDENTIFICATION NUMBER 16-1198780

PLAN NUMBER 501

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain or (Loss)</u>
<b>I. <u>Individual 5% Transactions</u></b>							
None		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>II. <u>Series of Transactions, Not Involving Securities, With the Same Person</u></b>							
None							
<b>III. <u>Series of Transactions Involving Securities of the Same Issue</u></b>							
United States Treasury Notes 4.000% 10/31/2029	US Government Securities	59,295	-	-	59,295	59,295	-
United States Treasury Notes 4.000% 10/31/2029	US Government Securities	-	83,397	-	84,441	83,397	(1,044)
Manning & Napier High Yield Bond Series Class W	Mutual Fund	50,704	-	-	50,704	50,704	-
Manning & Napier High Yield Bond Series Class W	Mutual Fund	-	81,124	-	77,531	81,124	3,593
<b>IV. <u>Series of Transactions, Involving Securities, With the Same Person</u></b>							
None							

The accompanying notes are an integral part of these schedules.

## SEIU LOCAL 200 UNITED BENEFIT FUND

### SCHEDULES OF INSURANCE PREMIUMS AND ADMINISTRATIVE EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
INSURANCE PREMIUMS:		
Blue Cross/Blue Shield	\$ 126,811	\$ 176,740
Independent Health	29,723	38,287
Cigna Health and Life Insurance Company	-	1,832
Davis Vision	24,951	23,153
Hartford Insurance Company	<u>981</u>	<u>1,008</u>
Total insurance premiums	<u>\$ 182,466</u>	<u>\$ 241,020</u>
ADMINISTRATIVE EXPENSES:		
Administrative expenses	\$ 107,597	\$ 81,028
Accounting	18,000	16,600
Claims processing	40,209	39,786
Depreciation	116	281
Insurance	11,073	10,129
Meetings and conferences	97	2,156
IT consulting	-	9,307
Legal	23,332	19,049
Office expenses	6,355	10,161
Rent	<u>6,054</u>	<u>5,462</u>
Total administrative expenses	<u>\$ 212,833</u>	<u>\$ 193,959</u>

The accompanying notes are an integral part of these schedules.

## 5500 EFILE AUTHORIZATION

PLAN NAME: SEIU Local 200 United Benefit Fund  
PLAN NUMBER: 501  
PLAN YEAR: 12/31/24  
PLAN ADMINISTRATOR: Scott Phillipson  
PLAN SPONSOR: Brittany Buffum

On behalf of the above named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one and two of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

  
\_\_\_\_\_  
SIGNATURE (PLAN ADMINISTRATOR)

5/15/2025  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
SIGNATURE (PLAN SPONSOR)

5/15/2025  
\_\_\_\_\_  
DATE

Form 5500

Department of the Treasury Internal Revenue Service
Department of Labor Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110 1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan
B This return/report is: [ ] a single-employer plan
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] Form 5558
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan: SEIU LOCAL 200 UNITED BENEFIT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/18/1960
2a Plan sponsor's name (employer, if for a single-employer plan): SEIU LOCAL 200 UNITED BENEFIT FUND
2b Employer Identification Number (EIN): 16-1198780
2c Plan Sponsor's telephone number
2d Business code (see instructions): 812990

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Scott Phillipson (plan administrator), Brittany Buffum (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

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

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	800
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	800
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	798
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	798
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	16

**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 4D 4F**

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>7</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**SEIU LOCAL 200 UNITED BENEFIT FUND**

EMPLOYER IDENTIFICATION NUMBER 16-1198780

PLAN NUMBER 501

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain or (Loss)</u>
<b>I. <u>Individual 5% Transactions</u></b>							
None		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>II. <u>Series of Transactions, Not Involving Securities, With the Same Person</u></b>							
None							
<b>III. <u>Series of Transactions Involving Securities of the Same Issue</u></b>							
United States Treasury Notes 4.000% 10/31/2029	US Government Securities	59,295	-	-	59,295	59,295	-
United States Treasury Notes 4.000% 10/31/2029	US Government Securities	-	83,397	-	84,441	83,397	(1,044)
Manning & Napier High Yield Bond Series Class W	Mutual Fund	50,704	-	-	50,704	50,704	-
Manning & Napier High Yield Bond Series Class W	Mutual Fund	-	81,124	-	77,531	81,124	3,593
<b>IV. <u>Series of Transactions, Involving Securities, With the Same Person</u></b>							
None							

The accompanying notes are an integral part of these schedules.