

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- 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: SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND
2b Employer Identification Number (EIN): 11-2548572
2c Plan Sponsor's telephone number: 631-587-9170
2d Business code (see instructions): 525100

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: Filed with authorized/valid electronic signature (RONALD FEDRIZZI), Filed with incorrect/unrecognized electronic signature, and Signature of DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RONALD A FEDRIZZI 800 SUNRISE HIGHWAY WEST BABYLON, NY 11704	3b Administrator's EIN 11-2548572 3c Administrator's telephone number 631-587-9170
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 653
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 653 6a(2) 725 6b 6c 6d 725 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 19

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p>A Name of plan SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 11-2548572</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
MUTUAL OF OMAHA

(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
47-0246511	71412	GMG0AD44	33	06/01/2023	06/01/2024

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

(a) Total amount of commissions paid 727	(b) Total amount of fees paid 0
--	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BRIO BENEFIT CONSULTING INC **30 BROAD ST FL 35**
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
727	0	AGENT OR BROEKR OF RECORD	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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) ▶ **SHORT-TERM DISABILITY**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	14546
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p>A Name of plan SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 11-2548572</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
COMPANION 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
13-1595128	62243	GLCL0AD44	287	06/01/2023	06/01/2024

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>(a) Total amount of commissions paid 2595</p>	<p>(b) Total amount of fees paid 892</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
BRIO BENEFIT CONSULTING INC **30 BROAD ST FL 35**
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2519		AGENT OR BROKER OF RECORD	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GROUP BENEFITS LTD **12006 RIDGEMONT DR**
URBANDALE, IA 50323

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

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

ACRISURE LLC

370 OLD COUNTRY ROAD
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76		AGENT OR BROKER OF RECORD	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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ TERM LIFE | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	17849
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	
Specify nature of costs.		

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND		D Employer Identification Number (EIN) 11-2548572

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

MUTUAL OF OMAHA

(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
47-0246511	71412	MP0AD44	287	06/01/2023	06/01/2024

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

(a) Total amount of commissions paid 260	(b) Total amount of fees paid 89
---	---

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

BRIO BENEFIT CONSULTING INC
30 BROAD ST FL 35
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
252		AGENT OR BROKER OF RECORD	3

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

GROUP BENEFIT LTD
12006 RIDGEMONT RD
URBANDALE, IA 50323

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

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

ACRISURE LLC

370 OLD COUNTRY ROAD
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8		AGENT OR BROKER OF RECORD	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	

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1785
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND	D Employer Identification Number (EIN) 11-2548572

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

MUTUAL OF OMAHA

(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
47-0246511	71412	GMTD0AD44	33	06/01/2023	06/01/2024

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

(a) Total amount of commissions paid 2157	(b) Total amount of fees paid 719
---	---

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

BRIO BENEFIT CONSULTING INC
30 BROAD ST FL 35
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2128		AGENT OR BROKER OF RECORD	3

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

GROUP BENEFIT LTD
12006 RIDGEMONT RD
URBANDALE, IA 50323

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

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

Schedule A (Form 5500) 2023
v. 230707

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

ACRISURE LLC

370 OLD COUNTRY ROAD
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29		AGENT OR BROKER OF RECORD	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	

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	14379
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND	D Employer Identification Number (EIN) 11-2548572	

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

(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

(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

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)

DANIEL H COOK ASSOCIATES, INC.

1040 AVENUE OF AMERICAS, SUITE 2400
NEW YORK, NY 10018

11-2424843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 50	THIRD PARTY ADMINISTRATOR	181311	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)

UNITED HEALTHCARE INSURANCE COMPANY

450 COLUMBUS BOULEVARD
HARTFORD, CT 06115-0450

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	CLAIMS PROCESSOR	98065	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JAMES R GRISI PC

800 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

83-2921602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	ATTORNEY	78000	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)

JENNIFER FARRUGIA

800 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

11-2548572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	ADMINISTRATOR	69913	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIAA, FSB

211 NORTH BROADWAY
ST LOUIS, MO 63102

59-3531592

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	60144	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)

RHINA MATA

800 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

11-2548572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	ADMINISTRATOR	58701	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)

EMPIRX

155 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645

47-1226691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	CLAIMS PROCESSOR	45014	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIN COOPERMAN ADVISORS LLC

100 JERICHO QUADRANGLE
JERICHO, NY 11753

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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		43085	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)

SELE-DENT INC.

ONE HUNTINGTON QUADRANGLE STE 1S03
MELVILLE, NY 11747

11-3310187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 50	CLAIMS PROCESSOR	24812	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)

PEAK RETIREMENT GROUP LLC

2870 HEMSTEAD TURNPIKE, SUITE 102
LEVITTOWN, NY 11756

13-3859124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	18000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOA INSURANCE, AN ALERA GROUP AGENC

200 BROADHOLLOW RD, SUITE 410
MELVILLE, NY 11747

87-3508322

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

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

TIMOTHY R. HOTT, ESQ.

26910 GRAND CTRL. PKWY - APT 11A
FLORAL PARK, NY 11005

22-3724341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	ATTORNEY	5075	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</u>	B Three-digit plan number (PN) ► <u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND</u>	D Employer Identification Number (EIN) <u>11-2548572</u>

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	264713
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	132342
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2844178
(2) U.S. Government securities	1c(2)	2655910
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	2230502
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4051772
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	14751	6840
f Total assets (add all amounts in lines 1a through 1e)	1f	10579081	12186257
Liabilities			
g Benefit claims payable	1g	431942	99758
h Operating payables	1h	152716	68773
i Acquisition indebtedness	1i		
j Other liabilities	1j	122697	121098
k Total liabilities (add all amounts in lines 1g through 1j)	1k	707355	289629
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9871726	11896628

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4166769	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4166769
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	86178	
(C) Corporate debt instruments	2b(1)(C)	74070	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	6794	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		167042
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	173862	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		173862
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5311236	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5327350	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-16114
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	176520	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		345295
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5013374

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	124880	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2060049	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2184929
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	155447	
(2) Contract administrator fees.....	2i(2)	290602	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	43085	
(5) Investment advisory and investment management fees	2i(5)	60342	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	83075	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	170992	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		803543
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2988472

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2024902
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

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

**SPECIAL AND SUPERIOR OFFICERS BENEVOLENT ASSOCIATION
WELFARE FUND**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED AUGUST 31, 2024 AND 2023

Special and Superior Officers Benevolent Association Welfare Fund

Table of Contents

August 31, 2024 and 2023

	<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 Plan Benefit Obligations	6
Statements of Changes in Plan Benefit Obligations.....	7
Notes to Financial Statements.....	8 -15
Supplemental Information	
Schedule 1: Schedules of Benefits Paid and Administration Expenses.....	16
Schedule 2: Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of August 31, 2024	17-21
Schedule 3: Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended August 31, 2024	22



Citrin Cooperman & Company, LLP
Certified Public Accountants

100 Jericho Quadrangle, Suite 342
Jericho, NY 11753
T 516.931.3100 F 516.931.0034
citrincooperman.com

Independent Auditor's Report

To the Board of Trustees of the
Special and Superior Officers
Benevolent Association Welfare Fund
West Babylon, NY 11704

Opinion

We have audited the accompanying financial statements of Special and Superior Officers Benevolent Association Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of plan benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan 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 plan benefit obligations of Special and Superior Officers Benevolent Association Welfare Fund as of August 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan 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 Special and Superior Officers Benevolent Association Welfare 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.

Management's Responsibilities 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 Special and Superior Officers Benevolent Association Welfare 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.

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 Special and Superior Officers Benevolent Association Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Special and Superior Officers Benevolent Association Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental, Schedules 2 and 3, for the year ended August 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental information required by ERISA. The information contained in Schedule 1 is presented for the purpose of additional analysis and is 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 generally accepted auditing standards.

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

In our opinion, the supplemental information 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.



Jericho, New York
June 9, 2025

Special and Superior Officers Benevolent Association Welfare Fund
Statements of Net Assets Available for Benefits
August 31, 2024 and 2023

	2024	2023
Assets		
Investments:		
Investments at fair value:		
Registered investment companies	\$ 4,051,772	\$ 3,238,116
Money market funds	833,243	906,193
U.S. government and agency securities	2,655,910	2,696,407
Corporate bonds	2,230,502	2,092,339
Total investments at fair value	9,771,427	8,933,055
Receivables:		
Employers' contributions	264,713	85,716
IRS employee retention credit receivable	4,148	4,148
Investment income	45,603	38,548
Total receivables	314,464	128,412
Cash	2,010,935	1,475,452
Due from SSOBA DCR Fund	54,299	25,854
Due from SSOBA Union	28,292	-
Prepaid expenses	-	1,557
Property and equipment - net of accumulated depreciation of \$107,133 and \$110,719 at August 31, 2024 and 2023, respectively	6,840	14,751
Total assets	12,186,257	10,579,081
Liabilities		
Accounts payable and accrued expenses	68,773	152,716
Due to benefits administrator	121,098	93,171
Due to SSOBA Union	-	29,501
Related organizations	-	25
Total liabilities	189,871	275,413
Net assets available for benefits	\$ 11,996,386	\$ 10,303,668

Special and Superior Officers Benevolent Association Welfare Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended August 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Interest and dividend income	\$ 340,904	\$ 290,716
Net appreciation (depreciation) in fair value of investments	505,701	(181,437)
Total investment income	846,605	109,279
Less: investment expenses	60,342	45,554
Net investment income	786,263	63,725
Employer and COBRA contributions	4,166,769	4,265,704
Total additions	4,953,032	4,329,429
Deductions from net assets attributed to:		
Benefits paid	2,059,767	2,707,377
Claims processing and administrative expenses	114,847	175,922
Stop loss insurance	457,346	457,336
Administrative expenses	628,354	580,955
Total deductions	3,260,314	3,921,590
Net increase	1,692,718	407,839
Net assets available for benefits - beginning of year	10,303,668	9,895,829
Net assets available for benefits - end of year	\$ 11,996,386	\$ 10,303,668

Special and Superior Officers Benevolent Association Welfare Fund
Statements of Plan Benefit Obligations
August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Benefit claims payable, claims incurred but not reported and premiums due to insurers	<u>\$ 99,758</u>	<u>\$ 431,942</u>
Total benefit obligations	<u><u>\$ 99,758</u></u>	<u><u>\$ 431,942</u></u>

Special and Superior Officers Benevolent Association Welfare Fund
Statements of Changes in Plan Benefit Obligations
For the Years Ended August 31, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 431,942	\$ 629,248
Claims reported and approved for payment	1,727,583	2,510,071
Claims paid	(2,059,767)	(2,707,377)
Total benefit obligations at end of year	\$ 99,758	\$ 431,942

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 1 - Description of Plan

The following description of the Special and Superior Officers Benevolent Association Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan became effective September 1, 1980, and is a welfare benefit plan established under an agreement and declaration of trust pursuant to collective bargaining agreements ("CBA") between the Special and Superior Officers Benevolent Association (the "Union") and various employers in the security field in the New York City and Long Island Area. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The CBAs expire at various times through December 2027. The Plan is administered by a joint board of trustees consisting of Union and employer representatives.

Contributions

Contribution rates have been established under collective bargaining agreements that were entered into between the Union and the various participating employers. Employers make contributions monthly for their covered employees. Certain retired participants and any unemployed participants, who are covered under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), may make contributions to the Plan for continuation of health coverage.

Benefits

The Plan provides health and other benefits (medical, surgical, hospital, prescription drugs, optical and dental), disability insurance coverage, life insurance coverage, accidental death and dismemberment for eligible participants and their covered dependents. Benefits are paid by means of a trust and group insurance contracts. The Plan also reimburses co-pays and deductibles which are requested within 90 days of the date of service up to maximum annual limit of \$10,000.

Eligibility

Eligibility of participants is based on provisions of each Collective Bargaining Agreement. Employees of the Union and the Plan are also participants of the Plan. Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of additions and deductions during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid financial instruments with original maturities of three months or less when acquired to be cash equivalents. At August 31, 2024 and 2023, the Plan had no cash equivalents.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees establishes the Plan's valuation policies and procedures with the aid of various investment consultants. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year and on investments held at the end of the year.

Employers' Contributions Receivable

Employers' contributions receivable are stated at the amount the Plan expects to collect from employers pursuant to collective bargaining agreements. Employers are required to make contributions to the Plan on behalf of employees performing covered work. The employer contributions receivable reflected on these financial statements do not include balances owed to the Plan from delinquent employers. The amounts owed by delinquent employers are determined upon the review of their payroll records. The Plan records the contributions from delinquent employers when received. Accordingly, no allowance for doubtful accounts was required at August 31, 2024 and 2023.

Administrative Expenses

The administrative office is occupied by the Plan, the Union, and the Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund (the "DCR Fund"), which are related organizations due to joint oversight and control. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for these shared expenses.

Stop Loss Insurance

Premiums for stop loss insurance are included in stop loss insurance in the accompanying statements of changes in net assets available for benefits. Stop loss insurance refunds are netted with benefits paid in the accompanying statements of changes in net assets available for benefits. For the years ended August 31, 2024 and 2023, there were no stop loss insurance refunds or stop loss refund receivables.

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Tax Status

The Plan received an exemption letter from the IRS in April 1981, stating that the Plan is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). In addition, the Plan and related trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believes that the related trust remains tax-exempt.

Uncertain Tax Positions

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan's returns for all years prior to the year ended August 31, 2021 are no longer subject to examination based on normal statutory periods subject to audit.

Operating Leases

On September 1, 2022, the Plan transitioned from legacy lease accounting to Accounting Standards Codification Topic 842 (or "ASC 842") for the accounting and disclosure of operating leases. Under ASC 842, the Plan determines whether an arrangement is or contains a lease at contract inception. For leases with a lease term greater than one year, the Plan recognizes a lease asset for its right to use the underlying leased asset ("ROU") and a lease liability for the corresponding lease obligation, calculated at present value. In determining the present value of lease payments, the Plan uses a risk-free rate for a period comparable with that of the lease terms. Operating lease ROU assets and liabilities are adjusted to result in a single straight-line lease expense over the life of the lease. The Plan considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the Plan is reasonably certain to exercise the option, (2) terminate the lease if the Plan is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor. Variable lease expenses are recorded when incurred. Under ASC 842, deferred rent obligations are no longer presented, and such balances were incorporated into the underlying calculations at adoption.

The Plan adopted ASC 842 on September 1, 2022, using the optional transition method under which the new standard is applied only to the most current period presented and the cumulative effect adjustment, if any, of applying the new standard to existing lease agreements, is recognized at the date of initial application. Under this adoption method, reporting periods beginning after January 1, 2022, are presented under the new standard, while prior period amounts are not adjusted. For the year ending August 31, 2024, the Plan was allocated rent from the Union on a month-to-month basis (Note 5). The allocated rent was not material and is not reported under ASC 842.

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Recently Adopted Accounting Standards

In June 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2016-13, *Financial Instruments—Credit Losses* (Topic 326) (“ASC 326”), along with subsequently issued related ASUs, which requires plans to measure all current expected financial losses (“CECL”) for financial assets (or groups of financial assets) measured at amortized cost basis to be presented at the net amount expected to be collected, among other provisions. ASC 326 eliminates the probable initial threshold for recognition of credit losses for financial assets recorded at amortized cost, which could result in earlier recognition of credit losses. It utilizes a lifetime expected credit loss measurement model for the recognition of credit losses at the time the financial asset is originated or acquired. The Plan reviewed its statements of net assets available for benefits to determine which assets fall under the scope of CECL and concluded that employer contributions receivable are in-scope. There are no expected credit losses to be adjusted for each period. The Plan adopted ASC 326 using the modified retrospective method on September 1, 2023, and it did not have a material impact on the financial statements.

Reclassifications of a General Nature

Certain amounts in the prior year presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported change in net assets.

Subsequent Events

The Plan has evaluated events and transactions that occurred through June 9, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 - Claims Incurred But Not Reported

Benefit claims payable, claims incurred but not reported and premiums due to insurers is based on amounts paid in the subsequent plan year which pertain to prior plan years. The amounts reported in the plan of benefit obligations statements are based on actual claims incurred prior to the Plan’s year end and paid by the Plan subsequent to the Plan’s year end.

Note 4 - Fair Value Measurements

The framework for measuring fair value 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;

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 4 - Fair Value Measurements (continued)

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and 2023:

- *U.S. Government and Agency Securities and Corporate Bonds*: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.
- *Registered Investment Companies*: Valued at the closing price reported in the active market in which the individual securities are traded.
- *Money Market Funds*: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value ("NAV") and to transact at that price. The money market fund is deemed to be actively traded. This is consistent with prior periods.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 4 - Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

<u>Assets at Fair Value as of August 31, 2024</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 4,051,772	\$ -	\$ -	\$ 4,051,772
Money market funds	833,243	-	-	833,243
U.S. government and agency securities	-	2,655,910	-	2,655,910
Corporate bonds	-	2,230,502	-	2,230,502
Total assets at fair value	<u>\$ 4,885,015</u>	<u>\$ 4,886,412</u>	<u>\$ -</u>	<u>\$ 9,771,427</u>

<u>Assets at Fair Value as of August 31, 2023</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 3,238,116	\$ -	\$ -	\$ 3,238,116
Money market funds	906,193	-	-	906,193
U.S. government and agency securities	-	2,696,407	-	2,696,407
Corporate bonds	-	2,092,339	-	2,092,339
Total assets at fair value	<u>\$ 4,144,309</u>	<u>\$ 4,788,746</u>	<u>\$ -</u>	<u>\$ 8,933,055</u>

Note 5 - Related-Party Transactions

In May 2022, the Plan moved to an office space in Freeport, New York, that is leased by the Union. The monthly rent allocated to the Plan by the Union is based on a space allocation study. The Plan reimbursed the Union \$637, respectively, per month for its share or the rent for the years ended August 31, 2024 and 2023. Rent expense reimbursed to the Union for the years ended August 31, 2024 and 2023, was \$7,649 per year.

The administrative office is occupied by the Plan, the Union and the DCR Fund, related organizations due to common sponsorship, management and oversight. Shared administrative and personnel expenses are initially paid by the Union and then billed to the Plan pursuant to a joint cost sharing agreement between the Plan, the DCR Fund, and the Union. The percentages are determined by a utilization study that is approved by the Trustees. Personnel and administrative costs allocated to the Plan for the years ended August 31, 2024 and 2023 was \$39,079 and \$33,352, respectively.

The amount due to the Union for rent and shared administrative and allocated expenses as of August 31, 2023 was \$29,501. The amount due from the Union for rent and shared administrative and allocated expenses as of August 31, 2024, was \$28,292.

The Plan also pays shared personnel expense and then bills the Union and DCR Fund pursuant to a joint cost sharing agreement between the Plan, the DCR Fund, and the Union.

Personnel costs allocated to the Union for the years ended August 31, 2024 and 2023 was \$19,537 and \$11,498, respectively.

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 5 - Related-Party Transactions (continued)

Personnel costs allocated to the DCR Fund for the years ended August 31, 2024 and 2023 were \$0 and \$2,208, respectively. The amounts due to the Plan from the DCR Fund for shared administrative as of August 31, 2024 and 2023, were \$54,299 and \$25,854, respectively.

Note 6 - Plan Termination

Although it has not expressed any intention to do so, the Plan's board of trustees, as Sponsor, has the right under the Plan to modify the benefits provided to participants and to terminate the Plan at any time, subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on behalf of the participants.

Note 7 - Risks and Uncertainties

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

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of August 31, 2024, cash held in excess of FDIC limits was \$1,064,334. The Plan has not experienced any losses in such accounts.

For the years ended August 31, 2024, and 2023 approximately 88% and 60%, respectively, of employer contributions were received from three and four employers, respectively, and approximately 52% and 90%, respectively, of employer contributions receivable were received from three and one employers, respectively. A change in the financial condition of these employers could impact the future funding of the Plan.

Note 8 - Party-In-Interest Transactions

The Plan has a number of service providers. Such providers are parties in interest under ERISA. However, all transactions with such providers are exempt party-in-interest transactions under ERISA. In addition, certain Plan investments are held by the manager of the investment, therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 9 - Employee Retention Credits

One of the provisions offered by the CARES Act was an employee retention credit ("ERC"), passed on March 13, 2020 and effective immediately for 2020. This was expanded upon with the passing of the Consolidated Appropriations Act, 2021 ("CAA") on December 27, 2020 and extended until December 31, 2021. These ERCs are fully refundable tax credits for employers equal to percentages of qualified wages that eligible employers pay their employees, which were legislatively capped per employee. In order to qualify for these credits, an organization must have had operations fully or partially suspended during any calendar quarter in 2020 and 2021 or experienced declines in quarterly gross receipts ranging from 20% to 50%, as compared to the

Special and Superior Officers Benevolent Association Welfare Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 9 - Employee Retention Credits (continued)

same quarter in 2019. Lastly, the CAA allows for an organization who received a PPP loan to be eligible for the ERC, retroactively and prospectively, while the ERC from the CARES Act did not. The Plan qualified for the ERC beginning on September 1, 2021, and during the year ended August 31, 2022, the Plan applied for credits totaling \$10,230, of which \$4,148 was receivable and is included in the statements of net assets available for benefits as of August 31, 2024 and 2023, respectively.

Note 10 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of August 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 11,996,386	\$ 10,303,668
Benefit obligations currently payable, claims incurred but not reported and premiums due to insurers	(99,758)	(431,942)
Net assets available for benefits per Form 5500	\$ 11,896,628	\$ 9,871,726

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	2024	2023
Benefits paid per the financial statements	\$ 2,059,767	\$ 2,707,377
Add: benefit claims payable, claims incurred but not reported and premiums due to insurers - end of year	99,758	431,942
Less: benefit claims payable, claims incurred but not reported and premiums due to insurers - beginning of year	(431,942)	(400,024)
Add: stop loss insurance	457,346	457,336
Benefits paid per the Form 5500	\$ 2,184,929	\$ 3,196,631

Claims and premiums that have been processed and approved for payment at August 31, but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

Supplemental Information

Special and Superior Officers Benevolent Association Welfare Fund
Supplemental Information
Schedules of Benefits Paid and Administration Expenses
For the Years Ended August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Benefits paid:		
Health care, prescription and optical benefits	\$ 536,157	\$ 556,423
Medical and hospital claims	1,474,500	2,140,796
Group life insurance premiums	49,110	10,158
Total benefits paid	<u>\$ 2,059,767</u>	<u>\$ 2,707,377</u>
Administrative expenses:		
Salaries	\$ 155,447	\$ 110,168
Payroll taxes	13,696	10,800
Employee benefits	7,773	5,223
Office expense	49,323	41,948
Postage	1,895	4,897
Computer expenses	11,041	-
Legal fees	83,075	84,108
Accounting	43,085	44,865
Consulting	64,668	18,000
Contract administrator fees	175,755	230,851
Insurance	9,685	10,314
Depreciation expense	3,586	3,586
Affordable Care Act compliance fees	-	6,786
Rent	7,649	7,649
PCORI fees	1,676	1,760
Total administrative expenses	<u>\$ 628,354</u>	<u>\$ 580,955</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
	2,951	FlexShares Quality Dividend Index Fund	Registered Investment Companies \$ 170,258	\$ 208,370
*	3,936	iShares Currency Hedged MSCI EAFE ETF	Registered Investment Companies 132,894	139,767
	23,063	iShares MBS ETF	Registered Investment Companies 2,328,870	2,196,520
	1,720	iShares MSCI EAFE Value ETF	Registered Investment Companies 71,026	97,748
	2,589	iShares Russell Top 200 Growth ETF	Registered Investment Companies 474,909	555,004
	5,927	John Hancock Disciplined Value Fund	Registered Investment Companies 145,410	152,617
	103,728	Lord Abbett Short Duration Income Fund	Registered Investment Companies 399,559	403,503
*	4,752	TIAA-CREF Large-Cap Growth Index Fund	Registered Investment Companies 168,749	298,243
		Total Registered Investment Companies	<u>\$ 3,891,675</u>	<u>\$ 4,051,772</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
833,243	Goldman Sachs Financial Square Treasury Solutions Fund	Money Market Funds	\$ 833,243	\$ 833,243
	Total Registered Investment Companies		<u>\$ 833,243</u>	<u>\$ 833,243</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
244,000	United States Treasury Note/Bond 1.25% 30 Jun 2028	U.S. Government and Agency Securities	\$ 227,062	\$ 222,250
390,000	United States Treasury Note/Bond 1.375% 31 Aug 2026	U.S. Government and Agency Securities	391,410	371,048
505,000	United States Treasury Note/Bond 2.25% 15 May 2041	U.S. Government and Agency Securities	470,460	383,721
384,000	United States Treasury Note/Bond 2.375% 15 May 2029	U.S. Government and Agency Securities	372,865	361,350
384,000	United States Treasury Note/Bond 2.875% 15 May 2032	U.S. Government and Agency Securities	363,357	359,280
424,000	United States Treasury Note/Bond 3% 15 May 2045	U.S. Government and Agency Securities	368,719	346,421
368,000	United States Treasury Note/Bond 3.25% 30 Jun 2027	U.S. Government and Agency Securities	354,962	362,595
76,000	United States Treasury Note/Bond 3.875% 15 May 2043	U.S. Government and Agency Securities	69,836	71,749
175,000	United States Treasury Note/Bond 4.625% 15 Oct 2026	U.S. Government and Agency Securities	<u>173,927</u>	<u>177,496</u>
	Total U.S. Government and Agency Securities		<u><u>\$ 2,792,598</u></u>	<u><u>\$ 2,655,910</u></u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
107,000	American Express Co 5.098% 16 Feb 2028	Corporate Bonds	\$ 106,719	\$ 108,401
183,000	Apple Inc 4.85% 10 May 2053	Corporate Bonds	182,083	185,794
118,000	Bank of America Corp Variable 4.948% 22 Jul 2028	Corporate Bonds	118,000	119,212
178,000	Barclays Plc 2.984% 24 Nov 2032	Corporate Bonds	170,355	153,406
169,000	BP Capital Markets America Inc 1.749% 10 Aug 2030	Corporate Bonds	164,532	145,655
139,000	Citigroup Inc Variable 5.174% 13 Feb 2030	Corporate Bonds	138,726	141,647
89,000	CVS Health Corp 1.75% 21 Aug 2030	Corporate Bonds	83,440	74,896
87,000	Exxon Mobil Corp 3.567% 06 Mar 2045	Corporate Bonds	84,373	70,296
134,000	Goldman Sachs Group Inc/The Variable 3.436% 24 Feb 2043	Corporate Bonds	129,194	106,161
146,000	Reconstruction & Development 3.5% 12 Jul 2028	Corporate Bonds	139,970	144,360
116,000	Johnson & Johnson 4.8% 01 Jun 2029	Corporate Bonds	115,860	119,962
86,000	Keurig Dr Pepper Inc 5.1% 15 Mar 2027	Corporate Bonds	85,892	87,404
139,000	Merck & Co Inc 4.3% 17 May 2030	Corporate Bonds	138,819	139,578

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
130,000	PepsiCo Inc 4.5% 17 Jul 2029	Corporate Bonds	\$ 129,799	\$ 132,652
113,000	Simon Property Group LP 2.65% 01 Feb 2032		110,205	98,315
163,000	Tennessee Valley Authority 3.875% 15 Mar 2028	Corporate Bonds	161,805	163,262
106,000	Walmart Inc 4.15% 09 Sep 2032	Corporate Bonds	105,674	106,058
131,000	Wells Fargo Bank NA 5.45% 07 Aug 2026	Corporate Bonds	<u>130,990</u>	<u>133,443</u>
	Total Corporate Bonds		<u>\$ 2,296,436</u>	<u>\$ 2,230,502</u>
	Total Investments		<u>\$ 9,813,952</u>	<u>\$ 9,771,427</u>

A party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
For Year Ended August 31, 2024
Schedule H, Line 4j - Schedule of Reportable Transactions

Category 3 - Series of Transactions in Same Security Exceeds 5% of Value

	(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A)	* TIAA	Goldman Sachs Financial Square Treasury Solutions Fund	\$ 2,252,014	\$ -	\$ 2,252,014	\$ 2,252,014	\$ -
(B)	* TIAA	Goldman Sachs Financial Square Treasury Solutions Fund	-	2,324,963	2,324,963	2,324,963	-

The above that represent more than a single transaction consist of the following:

	Number of Transactions	Range of Transactions
(A)	138	\$0.01- \$357,115
(B)	35	\$5,853 - \$255,770

* Indicates an identified party known to be a party-in-interest to the Plan.

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
	2,951	FlexShares Quality Dividend Index Fund	Registered Investment Companies \$ 170,258	\$ 208,370
*	3,936	iShares Currency Hedged MSCI EAFE ETF	Registered Investment Companies 132,894	139,767
	23,063	iShares MBS ETF	Registered Investment Companies 2,328,870	2,196,520
	1,720	iShares MSCI EAFE Value ETF	Registered Investment Companies 71,026	97,748
	2,589	iShares Russell Top 200 Growth ETF	Registered Investment Companies 474,909	555,004
	5,927	John Hancock Disciplined Value Fund	Registered Investment Companies 145,410	152,617
	103,728	Lord Abbett Short Duration Income Fund	Registered Investment Companies 399,559	403,503
*	4,752	TIAA-CREF Large-Cap Growth Index Fund	Registered Investment Companies 168,749	298,243
		Total Registered Investment Companies	<u>\$ 3,891,675</u>	<u>\$ 4,051,772</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
833,243	Goldman Sachs Financial Square Treasury Solutions Fund	Money Market Funds	\$ 833,243	\$ 833,243
	Total Registered Investment Companies		<u>\$ 833,243</u>	<u>\$ 833,243</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
244,000	United States Treasury Note/Bond 1.25% 30 Jun 2028	U.S. Government and Agency Securities	\$ 227,062	\$ 222,250
390,000	United States Treasury Note/Bond 1.375% 31 Aug 2026	U.S. Government and Agency Securities	391,410	371,048
505,000	United States Treasury Note/Bond 2.25% 15 May 2041	U.S. Government and Agency Securities	470,460	383,721
384,000	United States Treasury Note/Bond 2.375% 15 May 2029	U.S. Government and Agency Securities	372,865	361,350
384,000	United States Treasury Note/Bond 2.875% 15 May 2032	U.S. Government and Agency Securities	363,357	359,280
424,000	United States Treasury Note/Bond 3% 15 May 2045	U.S. Government and Agency Securities	368,719	346,421
368,000	United States Treasury Note/Bond 3.25% 30 Jun 2027	U.S. Government and Agency Securities	354,962	362,595
76,000	United States Treasury Note/Bond 3.875% 15 May 2043	U.S. Government and Agency Securities	69,836	71,749
175,000	United States Treasury Note/Bond 4.625% 15 Oct 2026	U.S. Government and Agency Securities	173,927	177,496
	Total U.S. Government and Agency Securities		<u>\$ 2,792,598</u>	<u>\$ 2,655,910</u>

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
107,000	American Express Co 5.098% 16 Feb 2028	Corporate Bonds	\$ 106,719	\$ 108,401
183,000	Apple Inc 4.85% 10 May 2053	Corporate Bonds	182,083	185,794
118,000	Bank of America Corp Variable 4.948% 22 Jul 2028	Corporate Bonds	118,000	119,212
178,000	Barclays Plc 2.984% 24 Nov 2032	Corporate Bonds	170,355	153,406
169,000	BP Capital Markets America Inc 1.749% 10 Aug 2030	Corporate Bonds	164,532	145,655
139,000	Citigroup Inc Variable 5.174% 13 Feb 2030	Corporate Bonds	138,726	141,647
89,000	CVS Health Corp 1.75% 21 Aug 2030	Corporate Bonds	83,440	74,896
87,000	Exxon Mobil Corp 3.567% 06 Mar 2045	Corporate Bonds	84,373	70,296
134,000	Goldman Sachs Group Inc/The Variable 3.436% 24 Feb 2043	Corporate Bonds	129,194	106,161
146,000	Reconstruction & Development 3.5% 12 Jul 2028	Corporate Bonds	139,970	144,360
116,000	Johnson & Johnson 4.8% 01 Jun 2029	Corporate Bonds	115,860	119,962
86,000	Keurig Dr Pepper Inc 5.1% 15 Mar 2027	Corporate Bonds	85,892	87,404
139,000	Merck & Co Inc 4.3% 17 May 2030	Corporate Bonds	138,819	139,578

See independent auditor's report.

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
As of August 31, 2024
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(d)	(e)
Shares	Identity	Description	Investment Cost	Market Value
130,000	PepsiCo Inc 4.5% 17 Jul 2029	Corporate Bonds	\$ 129,799	\$ 132,652
113,000	Simon Property Group LP 2.65% 01 Feb 2032		110,205	98,315
163,000	Tennessee Valley Authority 3.875% 15 Mar 2028	Corporate Bonds	161,805	163,262
106,000	Walmart Inc 4.15% 09 Sep 2032	Corporate Bonds	105,674	106,058
131,000	Wells Fargo Bank NA 5.45% 07 Aug 2026	Corporate Bonds	<u>130,990</u>	<u>133,443</u>
	Total Corporate Bonds		<u>\$ 2,296,436</u>	<u>\$ 2,230,502</u>
	Total Investments		<u>\$ 9,813,952</u>	<u>\$ 9,771,427</u>

* A party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

Special and Superior Officers Benevolent Association Welfare Fund
EIN: 11-2548572
Plan Number: 501
Supplemental Information
For Year Ended August 31, 2024
Schedule H, Line 4j - Schedule of Reportable Transactions

Category 3 - Series of Transactions in Same Security Exceeds 5% of Value

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A) * TIAA	Goldman Sachs Financial Square Treasury Solutions Fund	\$ 2,252,014	\$ -	\$ 2,252,014	\$ 2,252,014	\$ -
(B) * TIAA	Goldman Sachs Financial Square Treasury Solutions Fund	-	2,324,963	2,324,963	2,324,963	-

The above that represent more than a single transaction consist of the following:

Number of Transactions	Range of Transactions
(A) 138	\$0.01- \$357,115
(B) 35	\$5,853 - \$255,770

* Indicates an identified party known to be a party-in-interest to the Plan.