

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>1199 SEIU REGIONAL PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND</u></p> <p><u>2421 MAIN STREET, SUITE 100</u> <u>BUFFALO, NY 14214-2393</u></p>	<p>1c Effective date of plan <u>01/01/1971</u></p> <p>2b Employer Identification Number (EIN) <u>16-1112391</u></p> <p>2c Plan Sponsor's telephone number <u>716-362-0680</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	TODD HOBLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	DANIEL FARBERMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	12115
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)	4169
	6a(2)	5171
	6b	2932
	6c	4884
	6d	12987
	6e	134
	6f	13121
	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	54

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>1199 SEIU REGIONAL PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>16-1112391</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>216081541</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>222716269</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>255992779</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>255992779</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>395768089</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>6485581</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>15301323</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>15043073</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>CHRISTOPHER J. MIETLICKI</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>8300 GREENSBORO DRIVE, SUITE 800</u> <u>MCLEAN, VA 22102</u> Address of the firm	<u>08/26/2025</u> Date <u>23-06376</u> Most recent enrollment number <u>703-893-1456</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	216081541
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2986	173751623
(2) For terminated vested participants	4974	104510889
(3) For active participants:		
(a) Non-vested benefits		3851605
(b) Vested benefits		113653972
(c) Total active	4169	117505577
(4) Total	12129	395768089
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.60 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	10413889				
			Totals ▶	3(b)	10413889
					3(c)
					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	87.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7
(2) Females	6c(2)	7
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1282354
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1678674	-172252

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-1038901

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	4457566

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

		Outstanding balance	
9c(1)		90434792	12286685
9c(2)			
9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	1172098
9e	17916349

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	17376453
9g	10413889

h Amortization credits as of valuation date.....

		Outstanding balance	
9h		39781829	7790706

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	2120023
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	66067425	
9j(2)	138867713	
9j(3)		

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	37701071
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	19784722
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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

A Name of plan 1199 SEIU REGIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	D Employer Identification Number (EIN) 16-1112391	

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

HAMILTON LANE SEC. OFFSHORE FD II

26-2316056

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

LANDMARK EQUITY PARTNERS XIV, LP

06-1519082

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

J.P. JEANNERET ASSOCIATES, INC.

16-1329502

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

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

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

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

SEGAL MARCO ADVISORS

36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	378044	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)

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	194298	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)

FREED MAXICK P.C.

45-4051133

(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	NONE	169082	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)

ULLICO INFRASTRUCTURE T/E FUND

90-0622302

(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?
51	NONE	139635	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)

RONDA CASTREN

16-1112391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMINISTRATOR	115560	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)

GCM GROSVENOR MULTI-ASSET CLASS FUN

16-1112391

(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?
51	NONE	78865	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)

J.A. MARIANO AGENCY

679 LANDIS AVENUE
BRIDGETON, NJ 08302

(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	NONE	73454	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)

AMERICAN CORE REALTY

95-4871432

(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	NONE	63052	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)

MESIROW FINANCIAL RE VALUE FUND III

36-3194849

(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?
51	NONE	60090	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)

ASB ALLEGIANCE

52-2037618

(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	NONE	57018	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)

MICHELLE BONAR

16-1112391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56367	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)

WHITE OAK YIELD SPECTRUM PEER FUND

4401 NORTHSIDE PKWY NW, SUITE 500
ATLANTA, GA 30327

(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?
51	NONE	50069	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)

BLITMAN KING LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	44216	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)

MARIA ZAMOJSKI

16-1112391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41980	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)

FP CREDIT PARTNERS II AGGREGATOR

98-1609056

(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?
51	NONE	40988	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)

GCM GROSVENOR ALTSCAPE FUND LP

900 NORTH MICHIGAN AVENUE, SUITE 11
CHICAGO, IL 60611

(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?
51	NONE	26048	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)

SEIU UNITED HEALTHCARE WORKERS EAST

13-1510821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	AFFILIATED ORGANIZATION	22200	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)

MESIROW FINANCIAL PRIVATE EQUITY

353 NORTH CLARK STREET
CHICAGO, IL 60654

(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?
51	NONE	22000	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)

ANGELO GORDON (AG DIRECT LENDING II

98-1314048

(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?
51	NONE	21971	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)

MCG - HAMILTON LANE PRIVATE EQUITY

38-3887606

(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?
51	NONE	17587	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)

JSD & ASSOCIATES

453 SOUTH MAIN STREET
NORTH SYRACUSE, NY 13212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	15000	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)

MANUFACTURERS & TRADERS TRUST CO

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>1199 SEIU REGIONAL PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>16-1112391</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257003-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5307668</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MESIROW FINANCIAL REAL ESTATE III</u>		
b Name of sponsor of entity listed in (a): <u>MESIROW FINANCIAL</u>		
c EIN-PN <u>30-0965585-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5763092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MESIROW FINANCIAL REAL ESTATE V</u>		
b Name of sponsor of entity listed in (a): <u>MESIROW FINANCIAL</u>		
c EIN-PN <u>30-0965585-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2492684</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AG DIRECT LENDING FUND II, L.P.</u>		
b Name of sponsor of entity listed in (a): <u>ANGEL, GORDON & CO.</u>		
c EIN-PN <u>98-1314048-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2138147</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MCG EQUITY GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
c EIN-PN <u>27-6230536-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115103962</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MCG FIXED INCOME GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
c EIN-PN <u>27-6230536-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45387978</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARA CORE PROPERTY FUND, LP</u>		
b Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
c EIN-PN <u>27-6230536-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5650506</u>

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 1199 SEIU REGIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	D Employer Identification Number (EIN) 16-1112391

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1774721	1773696
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	797573	826026
(3) Other	1b(3)	60106	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	934236	1486239
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	45651940	45569231
(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)	152380097	165799608
(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)	14482868	16044429
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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		44596
f Total assets (add all amounts in lines 1a through 1e).....	1f	216081541	231543825
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	216081541	231543825

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)	10413889	
(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)		10413889
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42585	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		42585
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	11652674	
(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)	10834824
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	86468
d Total income. Add all income amounts in column (b) and enter total.....	2d	33030440

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15047369
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	15047369
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)	331690
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	1012867
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	194298
(8) Legal fees	2i(8)	44216
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	937716
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2520787
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	17568156

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	15462284
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: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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		5000000
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 559269.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan 1199 SEIU REGIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	D Employer Identification Number (EIN) 16-1112391	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	13

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **KALEIDA HEALTH**

b EIN **16-1533232** **c** Dollar amount contributed by employer **4398054**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **MT. ST. MARY'S HOSPITAL**

b EIN **16-1523353** **c** Dollar amount contributed by employer **638583**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2026**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **NIAGARA FALLS MEMORIAL MEDICAL CENT**

b EIN **16-0743094** **c** Dollar amount contributed by employer **1381983**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **ALICE HYDE MEDICAL CENTER**

b EIN **15-0346515** **c** Dollar amount contributed by employer **654461**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1205
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	1250
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	1233

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	96.40
b The corresponding number for the second preceding plan year.....	15b	101.40

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: 19.8 % Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.4 % Other: 78.8 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**AUDITED
FINANCIAL STATEMENTS**

1199 SEIU REGIONAL PENSION FUND

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1199 SEIU REGIONAL PENSION FUND

CONTENTS

	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Notes to the Financial Statements	5 - 14
Supplemental Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j - Schedule of Reportable Transactions	16



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
1199 SEIU Regional Pension Fund

Opinion

We have audited the financial statements of 1199 SEIU Regional Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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

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

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

Freed Maxick P.C.

Buffalo, New York
October 10, 2025

1199 SEIU REGIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	2024	2023
Investments at fair value:		
Short-term money market	\$ 1,486,239	\$ 934,236
Common collective trusts	165,799,608	152,380,097
Other investments	61,613,660	60,134,808
Total investments at fair value	<u>228,899,507</u>	<u>213,449,141</u>
Receivables:		
Due from brokers	-	60,106
Employer contributions receivable	826,026	797,573
Total receivables	<u>826,026</u>	<u>857,679</u>
Cash and cash equivalents	1,773,696	1,774,721
Property and equipment, net	<u>44,596</u>	<u>-</u>
Net assets available for benefits	<u>\$ 231,543,825</u>	<u>\$ 216,081,541</u>

See accompanying notes.

1199 SEIU REGIONAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31,

	<u>2024</u>	<u>2023</u>
Sources of net assets:		
Employer contributions	\$ 10,413,889	\$ 9,234,895
Other revenue	86,468	137,293
Interest and dividends	42,585	32,906
Net appreciation on investments	<u>22,487,498</u>	<u>24,590,448</u>
	33,030,440	33,995,542
Less: Investment service fees	<u>1,012,867</u>	<u>966,233</u>
Total sources of net assets	32,017,573	33,029,309
Application of net assets:		
Benefits paid to participants	15,047,369	14,474,734
Administrative expenses	<u>1,507,920</u>	<u>1,282,354</u>
Total applications of net assets	16,555,289	15,757,088
Increase in net assets available for benefits	15,462,284	17,272,221
Net assets available for benefits:		
Beginning of year	<u>216,081,541</u>	<u>198,809,320</u>
End of year	<u>\$ 231,543,825</u>	<u>\$ 216,081,541</u>

See accompanying notes.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the 1199 SEIU Regional Pension Fund (the Plan or Pension Fund) (EIN: 16-1112391) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a multi-employer (Taft-Hartley) defined benefit plan. The Plan was established effective January 1, 1971 in accordance with an agreement and declaration of trust between the AFL-CIO Hospital and Nursing Home Council and participating employers. To be eligible, an employee must be working for a participating employer. Additionally, office employees of the Plan are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the contributing employers and the 1199 SEIU United Healthcare Workers East (the Union).

Funding Policy: The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the applicable collective bargaining agreement (CBA) and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by CBA from \$0.08 to \$4.55. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024 and 2025.

Pension Protection Act Funding Status: As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of January 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2025 and audited financial information as of December 31, 2024, as well as other financial information, including estimated cash flows for the year ended December 31, 2025 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan's actuary certified that the Plan as of January 1, 2025 and 2024, was not endangered, seriously endangered or critical and was approximately 89% and 87% funded, respectively. As a result, the Plan is not required to have a funding improvement plan.

Pension Benefits: Retirement benefits are based upon the value of the pension credit benefit amount established in the Plan document (which depends on the date the participant retired), the participant's age at retirement and the number of pension credits earned.

An employee becomes eligible to participate in the Plan on the earlier of January 1 or July 1 following completion of at least 750 hours of service (during a 12-consecutive month period) in covered employment for an employer contributing to the Pension Fund.

Covered employment means employment of an employee by an employer obligated to contribute to the Pension Fund pursuant to the terms of a CBA or other written agreement with the Trustees.

One pension credit is earned for each 1,950 hours worked during each plan year. Fractions of a year are credited for hours worked between 750 and 1,950 on a prorated basis.

An employee's interest in his accrued benefit shall be 100% vested after completion of five years of vesting service, or upon reaching normal retirement date. Normal retirement age under the Plan is the later of age 65 or the fifth anniversary of participation. For vesting purposes, one year of vesting service is a plan year in which a participant is credited with 750 hours or more of service.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

The following types of retirement benefits are provided under the Plan:

Normal Retirement Benefit: The normal retirement benefit is determined based on an aggregation of pension credits times the pension rate. Benefits earned after January 1, 2016 are based on a factor of 20 times the average hourly contribution rate during the plan year. Benefits earned after January 1, 2015 are based on a factor of 35 times the average hourly contribution rate during the plan year. Benefits earned after January 1, 2005 through December 31, 2014 are based on a factor of 30 times the average hourly contribution rate during the plan year. Benefits earned January 1, 1999 through December 31, 2004 are based on a factor of 75 times the average hourly contribution rate during the plan year. The benefit factor for all years prior to January 1, 1999 is 200% of the weekly contribution rate and credit for all future service prior to 1993 will be computed using the 1992 contribution rate.

Early Retirement Benefit: The Plan provides for early retirement at age 55 or older with at least ten years of vesting service. The early retirement benefit is equal to the participant's accrued benefit reduced by 0.5% for each month prior to normal retirement.

Special Early Retirement Benefit: The Plan provides for special early retirement for a participant who has completed at least 30 years of vesting service. The special early retirement benefit is a monthly pension equal to the participant's accrued benefit determined at his or her special early retirement date.

Credited vesting service earned after 2004 under the special early retirement benefit will only take into account vesting service earned while working in a position that is covered by the Plan. If a participant does not earn 30 years of credited vesting service by 2004, the benefit earned after 2004 will not be payable until age 55, and is reduced if taken before age 65.

Death Benefit: The Plan provides a qualified joint and survivor annuity subject to certain provisions.

Late Retirement Benefit: If the participant's late retirement date is on or before the April 1 following the calendar year in which the participant attains age 73, the late retirement benefit shall be re-determined as of each Plan Anniversary between the normal retirement date and the late retirement date, and shall be adjusted by an actuarial calculation.

Single Sum Benefit: If the participant's benefit does not exceed \$5,000, the participant may elect to receive his benefit as a single lump sum payment.

There are three pension benefit payment options: a) joint and survivor option, b) 75% qualified optional survivor annuity, and c) single life annuity.

Generally, if participants terminate their employment before accumulating the required years of vesting service, they may forfeit their rights to receive pension benefits if they do not return to employment with a contributing employer.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents: Cash and cash equivalents consist of cash held in banks and highly liquid money market investments that are considered cash equivalents.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

The actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers. See Note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on an ex-dividend date. Net appreciation on investments include the gains and losses on investments bought and sold as well as held during the year.

Concentrations of Credit Risk: Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash accounts in financial institutions. Although during the year the cash accounts exceed the federally insured deposit amount, the Trustees do not anticipate non-performance by financial institutions. The Trustees review the financial viability of these institutions on a periodic basis.

Significant Participating Employers: For the year ended December 31, 2024, contributions from two employers represented 42% and 13% of total employer contributions, respectively (39% and 15% - 2023). In the event these employers were to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Employer Contributions Receivable: The Plan's policy to recognize employer contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on hours worked by covered participants at rates specified in the respective collective bargaining agreements and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Trustees of the Plan evaluate participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023, the Trustees have determined that no allowance for credit losses is necessary.

Property and Equipment: Property and equipment is recorded at cost, while maintenance and repairs are expensed as incurred. Depreciation is calculated using straight-line over the estimated useful lives of the assets, which is generally 5 years. Depreciation expense amounted to approximately \$4,000 for the year ended December 31, 2024. There was no depreciation expense for the year ended December 31, 2023.

Accounting Standards require that long-lived assets and certain identifiable intangibles held and used by the Company be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. The Company has determined there is no impairment for the years ended December 31, 2024 and 2023.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Assessed Withdrawal Liability Receivable: The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Administrative Expenses: Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation on investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events: These financial statements have not been updated for subsequent events occurring after October 10, 2025, which is the date these financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides the framework for measuring fair value. 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 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 can access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money Market Funds: A Money Market Fund is a public investment vehicle valued using \$1 for the Net Asset Value (NAV).

Common Collective Trusts: Valued at the NAV of units of the common collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities as reported by the custodian using the audited financial statements of the fund at year end.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENT (CONTINUED)

Alternative Investments: Alternative investments consist of private, domestic and global equities, real assets, fixed income, and hedge funds and are valued at the NAV of the units held by the Plan. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Investments at Fair Value as of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 1,486,239	\$ -	\$ -	\$ 1,486,239
Common Collective Trusts (a)	-	-	-	165,799,608
Alternative Investments (a)	-	-	-	61,634,092
Total investments at fair value	\$ 1,486,239	\$ -	\$ -	\$ 228,919,939

	Investments at Fair Value as of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 934,236	\$ -	\$ -	\$ 934,236
Common Collective Trusts (a)	-	-	-	152,380,097
Alternative Investments (a)	-	-	-	60,134,808
Total investments at fair value	\$ 934,236	\$ -	\$ -	\$ 213,449,141

(a) In accordance with FASB ASC 820-10, certain investment that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023:

Investment	Fair Value 12/31/2024	Fair Value 12/31/2023	Redemption Frequency	Redemption Notice Period	Unfunded Commitment
MCG Equity Group Trust	\$ 115,103,962	\$ 108,795,442	Daily	Daily	\$ -
MCG Fixed Income Group Trust	\$ 45,387,978	\$ 37,267,991	Daily	Daily	\$ -
ASB Allegiance Real Estate Fund	\$ 5,307,668	\$ 6,316,664	Quarterly	30 days	\$ -
ARA Core Property Fund, LP (a)	\$ 5,650,506	\$ 6,024,275	Quarterly	N/A	\$ -
Grosvenor Portfolio Completion Strategies MCGOPP	\$ 263,437	\$ 344,856	Liquidating	N/A	\$ -
Hamilton Lane Private Equity Fund (b)	\$ 2,517,341	\$ 2,890,283	Illiquid	N/A	\$ 823,131 – 2024 \$ 823,131 – 2023

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENT (CONTINUED)

Investment	Fair Value 12/31/2024	Fair Value 12/31/2023	Redemption Frequency	Redemption Notice Period	Unfunded Commitment
MCG Altscape Fund, L.P.	\$ 3,973,301	\$ 4,725,148	Illiquid	N/A	\$ 397,897 – 2024 \$ 397,897 – 2023
Landmark Equity Partners XIV L.P.	\$ 10,942	\$ 179,753	Liquidating	N/A	\$ -
Hamilton Lane Secondary Offshore Fund II L.P.	\$ 3,944	\$ 13,841	Liquidating	N/A	\$ -
Income-Plus Group Trust	\$ 20,432	\$ 20,432	Liquidating	N/A	\$ -
AG Direct Lending Fund II, L.P. (c)	\$ 2,138,147	\$ 1,987,299	Illiquid	N/A	\$ -
Mesirow Financial Private Equity Fund VII-B, L.P. (d)	\$ 4,026,358	\$ 3,809,933	Illiquid	N/A	\$ 24,200 – 2024 \$ 24,200 – 2023
Mesirow Financial Real Estate Value Fund III, L.P. (e)	\$ 5,763,092	\$ 6,450,862	Illiquid	N/A	\$ -
Segal Marco Select Private Equity Fund II, L.P. (f)	\$ 6,075,570	\$ 6,334,299	Illiquid	N/A	\$ 810,000 – 2024 \$ 925,000 – 2023
White Oak Yield Spectrum (g)	\$ 5,201,260	\$ 5,401,559	Within 90 days of available funds	60 days	\$ 1,077,124 – 2024 \$ 1,077,124 – 2023
GCM Grosvenor Multi-Asset Class Fund II, L.P. (h)	\$ 5,381,060	\$ 5,970,716	Illiquid	N/A	\$ -
GCM Grosvenor Multi-Asset Class Fund III, L.P. (h)	\$ 5,454,655	\$ 3,593,674	Illiquid	N/A	\$ 1,440,000 – 2024 \$ 2,700,000 – 2023
FP Credit Partners II Aggregator – A, L.P. (i)	\$ 3,329,593	\$ 3,568,682	Illiquid	N/A	\$ 2,875,253 – 2024 \$ 2,577,000 – 2023
Ullico Infrastructure Tax-Exempt Fund, L.P.	\$ 9,331,770	\$ 8,819,196	Illiquid until 4th anniversary of admission	45 days	\$ -
Mesirow Financial Real Estate Value Fund V, L.P. (j)	\$ 2,492,684	\$ -	Illiquid	N/A	\$ 7,087,062 – 2024

- (a) The fund is an open-end investment fund organized to allow Taft-Hartley pension funds and certain other funds to pool funds for investment in real estate, debt instruments and other real estate related investments on a diversified basis.
- (b) The partnership primarily invests in collective private equity investment funds that make private equity and equity-related investments that have varying investment strategies and geographical focuses.
- (c) The Partnership has been established to capitalize on investment opportunities available in middle market direct lending. The partnership intends to provide corporate financing support to North American middle-market companies, focusing on senior secured debt and other debt instruments, including unitranche facilities, second lien debt, mezzanine loans and equity co-investments.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENT (CONTINUED)

- (d) The primary purpose of the partnership is to seek to generate significant returns for its partners, principally through long-term capital appreciation, by acquiring, making, holding, funding and disposing of privately negotiated equity and equity-related investments.
- (e) The partnership's objective is to make investments in parallel funds in real estate assets, development projects or REITs, corporations, partnerships and/or limited liability companies with interests in real estate.
- (f) The partnership seeks to generate significant returns for its partners, principally through long-term capital appreciation, by acquiring, making, holding, funding and disposing of privately negotiated equity and equity-related investments, principally through the purchase and funding of interests in private equity funds, including venture capital, buyout, mezzanine, restructuring, distressed company assets and special situation funds, and other privately held entities.
- (g) The partnership's objective is to earn substantial current income by originating, extending, and/or investing in a diversified portfolio of primarily senior secured corporate credit and debt instruments consisting of term loans, asset-based loans and equipment financing and opportunistic loans issued by small to middle-market companies located primarily in the United States and Canada.
- (h) The partnerships pursue investment opportunities sourced from GCM Grosvenor's alternative investment platform, with investment capabilities across hedge fund strategies, private equity and debt, infrastructure, and real estate.
- (i) The partnership is an opportunistic credit fund focused on the broad and increasingly diverse technology market. The partnership seeks to deploy capital across a wide array of situations ranging from supporting growth initiatives and traditional merger and acquisition activity to assist with business model transitions and solving short-term liquidity needs.
- (j) The partnership pursues a value-added multifamily investment strategy targeting underperforming Class A apartment assets purchased at a discount. The partnership seeks to drive asset appreciation via revenue-enhancing initiatives, cost optimization and high quality property management.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 were (a) life expectancy of participants (RP-2006 Sex-Distinct Employee/Annuitant Mortality Table, Fully Generational, projected Scale MP-2017 for healthy lives; RP-2014 Disabled Retiree Mortality projected Fully generation with Scale MP-2017 for disabled lives; Current liability – the 2024 Static Mortality table), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rate used to discount the obligation for 2023 was 7.00% compounded annually. All investment returns are net of investment expenses and fees. There were no changes in actuarial assumptions during the year ended December 31, 2023. The foregoing actuarial assumptions are based on the assumption that the Plan will continue. Were the Plan to terminate, different actuarial and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is a summary of the actuarial present value of accumulated benefits determined as of December 31, 2023:

Vested benefits:	
Participants currently receiving payment	\$ 132,812,600
Active participants	64,245,917
Terminated vested participants	<u>56,550,480</u>
Total vested benefits	<u>253,608,997</u>
Non-vested benefits	2,383,782
Present value of expected administrative expenses	<u>15,359,567</u>
Actuarial present value of accumulated benefits	<u>\$ 271,352,346</u>

The following is a summary of the changes in the actuarial present value for the plan year ended December 31, 2023:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 265,554,899
Increase (decrease) during the year attributable to:	
Benefits accrual	2,971,806
Experience gains	(274,406)
Interest accrual	17,246,623
Present value of expected administrative expenses	328,158
Benefits paid	<u>(14,474,734)</u>
Net increase	<u>5,797,447</u>
Actuarial present value of accumulated plan benefits as of the end of the year	<u>\$ 271,352,346</u>

NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA. The Plan shares common governance and transacts with related organizations, including the Union, which is tax-exempt.

On March 28, 2011, the Plan entered into a sublease agreement with the Union for office space through July 2021, the agreement was extended through July 2026. The total rental expense for the year ended December 31, 2024 was \$22,200 (\$16,650 - 2023). The Plan received rent abatement for three months due to the building being out of service during the year ended December 31, 2023. These contracts were evaluated under ASC 842 and were not determined to represent right-of-use assets or liabilities.

Future minimum rental payments to be received under these agreements are as follows subsequent to December 31, 2024:

2025	\$	22,200
2026		<u>12,950</u>
	\$	<u>35,150</u>

Under the terms of the sublease, the Board of Trustees of the Plan is able to terminate the sub-lease and have the right without penalty to do so by delivering written notice to the sub-lessor specifying the date of termination which shall be no earlier than the 180th day following the date of the notice.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 27, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and Plan counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 7. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 8. PARTICIPATION IN MULTIEMPLOYER PLAN

The Plan's office employees are covered by this multiemployer Plan (EIN: 16-1112391). The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

1199 SEIU REGIONAL PENSION FUND

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8. PARTICIPATION IN MULTIEMPLOYER PLAN (CONTINUED)

- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in this plan, the Plan may be required to pay those plans an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Pension Protection Act (PPA) zone status available for the Plan years ended December 31, 2024 and 2023 was green. The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are less than 65% funded, plans in the yellow zone are between 65-80% funded, and plans in the green zone are more than 80% funded. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

Per the employment agreement, the Plan will contribute 14% of gross earnings. Pension expense for the Plan's employees amounted to \$23,522 in the year ended December 31, 2024 (\$28,751 - 2023). The Plan was not listed in the previous Plan's Form 5500 as providing more than 5% of the total contributions for the Plan years ended December 31, 2024 and 2023.

1199 SEIU REGIONAL PENSION FUND
EIN #16-1112391

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Identity Description of Investment	Face Value/ No. of Shares/Units	Cost	Fair Value
Marketable Securities			
Short-Term Investments			
Federated Hermes Government Obligations Fund	1,485,716 Shares	\$ 1,485,716	\$ 1,485,716
SEI Daily Income Fund	523 Shares	523	523
Total Marketable Securities		<u>1,486,239</u>	<u>1,486,239</u>
Common Collective Trusts			
* Marco Consulting Group - Equity Group Trust	2,428,231 Units	36,920,279	115,103,962
* Marco Consulting Group - Fixed Income Group Trust	3,123,358 Units	41,106,038	45,387,978
ASB Allegiance Real Estate Fund	3,762 Units	2,272,439	5,307,668
Total Common Collective Trusts		<u>80,298,756</u>	<u>165,799,608</u>
Other Investments			
Ullico Infrastructure Tax-Exempt Fund, L.P.	32,609 Units	8,000,000	9,331,770
* Segal Marco Select Private Equity Fund II, L.P.		3,040,000	6,075,570
Mesirow Financial Real Estate Value Fund III, L.P.		3,385,404	5,763,092
ARA Core Property Fund, LP	46 Units	1,952,578	5,650,506
GCM Grosvenor Multi-Asset Class Fund III, L.P.		4,560,000	5,454,655
GCM Grosvenor Multi-Asset Class Fund II, L.P.		3,145,558	5,381,060
White Oak Yield Spectrum		5,385,624	5,201,260
Mesirow Financial Private Equity Fund VII-B, L.P.		741,360	4,026,358
* MCG Altscape Fund, L.P.		292,754	3,973,301
FP Credit Partners II Aggregator - A, L.P.		2,906,071	3,329,593
* Hamilton Lane Private Equity Fund for the Benefit of Marco Consulting Group Clients L.P.		1,303,229	2,517,341
Mesirow Financial Real Estate Value Fund V, L.P.		2,453,550	2,492,684
AG Direct Lending Fund II, L.P.		72,211	2,138,147
* Grosvenor Portfolio Completion Strategies Fund FBO MCG Clients, L.P.		-	263,437
Landmark Equity Partners XIV, L.P.		-	10,942
Hamilton Lane Secondary Offshore Fund II L.P.		-	3,944
Income-Plus Group Trust		-	-
Total Other Investments		<u>37,238,339</u>	<u>61,613,660</u>
Total Investments		<u>\$ 119,023,334</u>	<u>\$ 228,899,507</u>

* The above named is a party-in-interest

1199 SEIU REGIONAL PENSION FUND
 EIN #16-1112391

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Federated Hermes	Federated Hermes Government Obligations Fund	\$ 16,279,258	\$ -	\$ 16,279,258	\$ 16,279,258	\$ -
Federated Hermes	Federated Hermes Government Obligations Fund	\$ -	\$ 15,726,858	\$ 15,726,858	\$ 15,726,858	\$ -
Marco Consulting Group	Marco Consulting Group - Equity Group Trust	\$ -	\$ 13,300,000	\$ 4,480,796	\$ 13,300,000	\$ 8,819,204

Schedule MB, line 6 – Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. It is not intended to replace the more precise language of the plan document. If there is any difference between the description of the Fund herein and the actual text of the plan document, the plan document will govern.

A. Effective Date of Plan

January 1, 1971, last amended December 2015

B. Eligibility

An employee for whom contributions to the Fund are required by agreement will become a participant in the Fund on the January 1 or July 1 following the completion of one Year of Service. Officers and Business Agents of the unions affiliated with the union will be immediately eligible to the participant.

C. Pension Benefit at Normal Retirement

Age Requirement	Age 65 or five years of participation
Benefit	<p>A Participant’s Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the following:</p> <p><i>Normal Retirement Benefits:</i> A participant’s monthly retirement income shall be the sum of his Past Service Benefit and his Future Service Benefit as follows:</p> <p><i>Benefit, Prior to January 1, 1993:</i> Past and Future Service Credits as of December 31, 1992 x 2 x 1992 contribution rate</p> <p><i>Future Service Benefit, January 1, 1993 to December 31, 1998:</i> 200% of end of year contribution rate times hours (not to exceed 1950) divided by 1950</p> <p><i>Future Service Benefit, January 1, 1999 to December 31, 2004:</i> Future Service Credits x (75 x employer’s hourly contribution rate(s) in effect when employment ends)</p> <p><i>Future Service Benefit, January 1, 2005 to December 31, 2014:</i> Future Service Credits x (30 x employer’s hourly contribution rate(s) in effect when employment ends)</p> <p><i>Future Service Benefit, January 1, 2015 to December 31, 2015:</i> Future Service Credits x (35 x employer’s hourly contribution rate(s) in effect when employment ends)</p> <p><i>Future Service Benefit, January 1, 2016 and After:</i> Future Service Credits x (20 x employer’s hourly contribution rate(s) in effect when employment ends)</p> <p>Plus, if you have periods of previous employment, add your frozen benefit from those periods to obtain your total benefit. Pension benefits earned before January 1, 2000 are considered frozen</p>

Schedule MB, line 6 – Summary of Plan Provisions

D. Pension Benefit at Normal Retirement

In the event of an Hourly Contribution Rate increase, Future Service Credits earned in the Plan years starting after the contribution increase date accumulate at the new hourly contribution rate.

Future Service Credits earned after January 1, 2000, but before the contribution-increase date, accumulate at the old rate. However, if the participant accumulates three Future Service Credits (totaling 3.0 credits) or more in plan years starting after the contribution-increase date, Service Credits earned after January 1, 2000 will accumulate at the new (increased) hourly contribution rate.

Effective January 1, 2015, Service Credits earned after January 1, 2000 until December 31, 2014 will no longer be eligible for increases in contributions due to the accumulation of three Future Service Credits at higher rates.

Notes: The 200% factor applies to participants who worked hours on or after August 1, 1993; the 1993 credit for participants who stopped work prior to August 1, 1993 will be based on the 150% factor.

The Contribution rate for 1992 is used for all service prior to December 1992 only for participants who had hours in the plan year ending in 1992 and the plan year ending 1998 and were active as of January 1, 1999.

Officers and Supervisors of the Hospital Council receive credit for 1,950 hours each year. Participants with less than 750 hours earn no benefit credit for that year, except during last year of employment.

Bonus Credits

1. As of July 1, 1984, benefits earned by all active participants for service through December 31, 1983 were revised to reflect the December 31, 1983 rate of contribution.
2. As of January 1, 1987, retirees received a 25% increase in their retirement benefits.
3. As of January 1, 1990, retirees received a 10% increase in their retirement benefits.
4. As of January 1, 1992, participants active on December 29, 1992 received a 12% increase in benefits accrued as of December 31, 1991 – including the pension credit earned for 1991.
5. As of February 1, 1993, retirees received a 5% increase in their retirement benefits.
6. As of January 1, 1997, retirees received a 5% increase in their retirement benefits.

Note: Participants who retire and return to work are considered retired employees for Bonus Credit purposes.

E. Pension Benefit at Early Retirement

Age Requirement	Age 55 and the completion of 10 Years of Vesting Service.
Benefits	Determined in the same fashion as the Normal Retirement Pension but reduced by 0.5% for each month that the Early Retirement Date precedes the Normal Retirement Date.

Schedule MB, line 6 – Summary of Plan Provisions

F. Special Retirement

Age Requirement	Completion of 30 years of Vesting Service. For benefits earned after January 1, 2005, only years of vesting service for which employer contributions were required are included.
Benefit	Determined in the same fashion as the Normal Retirement Benefit without reduction.

G. Pre-Retirement Survivor Annuity

Requirement	Vested and married
Benefit	The Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Qualified Joint and Survivor Annuity.

H. Vested Termination

Age Requirement	Five years of Vesting Service or age 65, if earlier
Benefit	A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Normal Retirement Benefit multiplied by his Vested Percentage as of that same date or if he has met the eligibility requirements, on his Early Retirement Date equal to his Vested Accrued Benefit reduced accordingly.

I. Disability Pension Benefit

Requirement	Determined to be disabled before January 1, 2005 and employee has at least ten (10) years of Vesting Service.
Benefits	Determined in the same fashion as the Normal Retirement Pension.

J. Benefit Payment

<i>Normal</i>	Lifetime Pension with monthly pension benefits payable for the lifetime of the Participant.
<i>Optional</i>	Joint and Survivor Annuity (50%)

Schedule MB, line 6 – Summary of Plan Provisions

Basis of 51GAM table for Males with 7% interest
Actuarial compounded annually. For the Joint and Survivor
Equivalence use 51GAM table projected to 1965 by Scale C.

A Year of Future Service is credited for each plan year after January 1, 1976 with at least 1,950 Hours of Service. No credit is given for less than 750 hours in a plan year unless in final year of employment. Fractions of a year between 750 and 1,950 hours are prorated by 1,950 hours.

K. Service Calculations

For Eligibility Purposes

Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined based on Hours of Service.

A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 750 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Calendar Year in which the initial Computation Period ends.

All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

For Benefit Purposes

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service and are determined based on Hours of Covered Employment. Benefit Service is divided into Past and Future Service.

Years of Past Service credit shall be credited for each full year in the employment of a Contributing Employer before Date of Entry. A month of Past Service shall be granted for each month in which the Employee is employed for at least one day before Date of Entry. Fractions of a year shall be credited to the nearest one-tenth (1/10).

The accrued monthly benefit credited to an Employee for his Past Service is ninety-two and one-half (92.5%) percent of his Past Service times the Weekly Contribution rate of his Employer as of December 31, 1976.

Before January 1, 1976, Past Service for accrual purposes shall be computed as the period of elapsed time in the employment of a Contributing Employer before January 1, 1976.

After January 1, 1976, Past Service is not granted for accrual, vesting, or eligibility for Special Early Retirement, except as provided in various ancillary agreements for certain groups.

All of a Participant's Years of Benefit Service are taken into account in determining his monthly benefit except service while the employee was not in an Eligible Employee Classification.

Schedule MB, line 6 – Summary of Plan Provisions

For Vesting Purposes

A Year of Vesting Service is credited for each plan year in which an Employee completes at least 750 Hours of Service with one or more Contributing Employers, plus for plan years prior to January 1, 1976, one year for each year of continuous full-time or part-time employment starting with the most recent date of hire with a Participating Employer.

L. Changes Since Last Valuation:

None

1199 SEIU REGIONAL PENSION FUND
 EIN #16-1112391

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024

Identity Description of Investment	Face Value/ No. of Shares/Units	Cost	Fair Value
Marketable Securities			
Short-Term Investments			
Federated Hermes Government Obligations Fund	1,485,716 Shares	\$ 1,485,716	\$ 1,485,716
SEI Daily Income Fund	523 Shares	523	523
Total Marketable Securities		1,486,239	1,486,239
Common Collective Trusts			
* Marco Consulting Group - Equity Group Trust	2,428,231 Units	36,920,279	115,103,962
* Marco Consulting Group - Fixed Income Group Trust	3,123,358 Units	41,106,038	45,387,978
ASB Allegiance Real Estate Fund	3,762 Units	2,272,439	5,307,668
Total Common Collective Trusts		80,298,756	165,799,608
Other Investments			
Ullico Infrastructure Tax-Exempt Fund, L.P.	32,609 Units	8,000,000	9,331,770
* Segal Marco Select Private Equity Fund II, L.P.		3,040,000	6,075,570
Mesirow Financial Real Estate Value Fund III, L.P.		3,385,404	5,763,092
ARA Core Property Fund, LP	46 Units	1,952,578	5,650,506
GCM Grosvenor Multi-Asset Class Fund III, L.P.		4,560,000	5,454,655
GCM Grosvenor Multi-Asset Class Fund II, L.P.		3,145,558	5,381,060
White Oak Yield Spectrum		5,385,624	5,201,260
Mesirow Financial Private Equity Fund VII-B, L.P.		741,360	4,026,358
* MCG Altscape Fund, L.P.		292,754	3,973,301
FP Credit Partners II Aggregator - A, L.P.		2,906,071	3,329,593
* Hamilton Lane Private Equity Fund for the Benefit of Marco Consulting Group Clients L.P.		1,303,229	2,517,341
Mesirow Financial Real Estate Value Fund V, L.P.		2,453,550	2,492,684
AG Direct Lending Fund II, L.P.		72,211	2,138,147
* Grosvenor Portfolio Completion Strategies Fund FBO MCG Clients, L.P.		-	263,437
Landmark Equity Partners XIV, L.P.		-	10,942
Hamilton Lane Secondary Offshore Fund II L.P.		-	3,944
Income-Plus Group Trust		-	-
Total Other Investments		37,238,339	61,613,660
Total Investments		\$ 119,023,334	\$ 228,899,507

* The above named is a party-in-interest

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Schedule of Active Participant Data as of January 1, 2024																				
		Completed Years of Credited Service																		
		Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-35		35-39		40 & Up
Attained Age	Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly		Average Accrued Monthly	
	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit	Number	Benefit
Under 25	158	\$ 11	194	\$ 32	3	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
25-29	94	\$ 13	301	\$ 41	74	\$ 102	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
30-34	82	\$ 11	244	\$ 47	151	\$ 116	26	\$ 208	2	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
35-39	60	\$ 14	156	\$ 43	120	\$ 139	78	\$ 308	17	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
40-44	55	\$ 11	166	\$ 43	90	\$ 130	61	\$ 318	47	\$ 455	10	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -
45-49	33	\$ 10	102	\$ 43	59	\$ 142	66	\$ 298	73	\$ 456	34	\$ 616	7	\$ -	0	\$ -	0	\$ -	0	\$ -
50-54	33	\$ 10	114	\$ 44	66	\$ 133	51	\$ 250	77	\$ 422	57	\$ 753	28	\$ 788	11	\$ -	0	\$ -	0	\$ -
55-59	24	\$ 12	75	\$ 34	79	\$ 136	53	\$ 274	76	\$ 409	61	\$ 668	59	\$ 875	29	\$ 1,133	9	\$ -	0	\$ -
60-64	22	\$ 9	86	\$ 45	55	\$ 129	38	\$ 251	96	\$ 352	45	\$ 609	42	\$ 870	42	\$ 1,106	21	\$ 1,457	6	\$ -
65-69	6	\$ -	30	\$ 42	21	\$ 107	25	\$ 245	36	\$ 344	13	\$ -	16	\$ -	18	\$ -	21	\$ 1,518	10	\$ -
70 & Up	3	\$ -	8	\$ -	4	\$ -	31	\$ 198	4	\$ -	2	\$ -	1	\$ -	0	\$ -	1	\$ -	1	\$ -



Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 9,354,764	\$ -	\$ 9,354,764
2025	9,617,955	-	9,617,955
2026	9,736,713	-	9,736,713
2027	9,841,809	-	9,841,809
2028	9,841,809	-	9,841,809
2029	9,841,809	-	9,841,809
2030	9,841,809	-	9,841,809
2031	9,841,809	-	9,841,809
2032	9,841,809	-	9,841,809
2033	9,841,809	-	9,841,809

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-4

**Schedule of Amortization Charges Required for Minimum Required Contribution
 As of January 1, 2024 with Five-Year Amortization Extensions**

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1993	\$ 1,365,269	30.00	\$ 328,677	4.00	\$ 90,687
2. Assumption Change	1/1/1993	3,779,839	30.00	909,963	4.00	251,071
3. Plan Amendment	1/1/1995	461,747	30.00	160,465	6.00	31,463
4. Plan Amendment	1/1/1996	1,112,527	30.00	441,652	7.00	76,588
5. Assumption Change	1/1/1996	468,285	30.00	185,905	7.00	32,238
6. Plan Amendment	1/1/1997	616,615	30.00	273,647	8.00	42,829
7. Assumption Change	1/1/1998	874,994	30.00	426,998	9.00	61,251
8. Plan Amendment	1/1/2000	314,052	30.00	178,664	11.00	22,267
9. Assumption Change	1/1/2000	744,808	30.00	423,729	11.00	52,810
10. Plan Amendment	1/1/2002	5,811,581	30.00	3,721,753	13.00	416,178
11. Plan Amendment	1/1/2003	3,171,426	30.00	2,133,972	14.00	228,046
12. Assumption Change	1/1/2003	4,732,800	30.00	3,184,591	14.00	340,319
13. Plan Amendment	1/1/2004	2,932,675	30.00	2,062,586	15.00	211,646
14. Actuarial Loss	1/1/2005	3,636,225	15.00	305,291	1.00	305,291
15. Assumption Change	1/1/2005	1,837,643	30.00	1,344,817	16.00	133,046
16. Actuarial Loss	1/1/2006	291,393	15.00	48,391	2.00	25,013
17. Plan Amendment	1/1/2006	6,351,957	30.00	4,817,896	17.00	461,191
18. Recognized Portion of the 2008 ENIL	1/1/2009	22,480,191	29.00	16,265,955	14.00	1,738,252
19. Bifurcation Base	1/1/2009	5,131,675	15.00	2,028,449	5.00	462,355
20. Recognized Portion of the 2008 ENIL	1/1/2011	10,937,840	27.00	8,090,515	14.00	864,588
21. Recognized Portion of the 2008 ENIL	1/1/2012	1,960,108	26.00	1,468,064	14.00	156,884
22. Bifurcation Base	1/1/2012	13,074,857	15.00	3,835,684	3.00	1,365,976
23. Recognized Portion of the 2008 ENIL	1/1/2013	2,883,817	25.00	2,189,447	14.00	233,974
24. Recognized Portion of the 2008 ENIL	1/1/2014	6,485,423	24.00	4,997,371	14.00	534,041
25. Actuarial Loss	1/1/2015	5,053,852	15.00	2,676,923	6.00	524,866
26. Actuarial Loss	1/1/2016	6,631,749	15.00	3,964,199	7.00	687,448
27. Actuarial Loss	1/1/2017	3,799,596	15.00	2,511,949	8.00	393,150
28. Actuarial Loss	1/1/2018	3,089,276	15.00	2,224,449	9.00	319,087
29. Actuarial Loss	1/1/2019	2,450,917	15.00	1,899,226	10.00	252,717
30. Actuarial Loss	1/1/2020	4,079,888	15.00	3,369,750	11.00	419,981
31. Assumption Change	1/1/2022	13,009,629	15.00	11,937,963	13.00	1,334,941
32. Actuarial Loss	1/1/2023	2,109,810	15.00	2,025,851	14.00	216,491
TOTAL CHARGES				\$ 90,434,792		\$ 12,286,685

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases (Continued)

Table V-5 Schedule of Amortization Credits Required for Minimum Required Contribution As of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Combined Credits	1/1/2017	\$43,417,081	11.1802	\$ 20,344,295	4.1802	\$ 5,402,628
2. Assumption Change	1/1/2019	13,377,763	15.00	10,366,489	10.00	1,379,397
3. Actuarial Gain	1/1/2021	1,918,648	15.00	1,675,810	12.00	197,185
4. Actuarial Gain	1/1/2022	6,229,734	15.00	5,716,561	13.00	639,244
5. Actuarial Gain	1/1/2024	1,678,674	15.00	1,678,674	15.00	172,252
TOTAL CREDITS				\$ 39,781,829		\$ 7,790,706
NET CHARGE				\$ 50,652,963		\$ 4,495,979

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Change: The RPA '94 current liability interest rate was changed from 2.55% to 3.29% and the mortality table was updated.

Reason: The current liability interest rate and mortality were updated to comply with appropriate guidance on the range of acceptable rates and permissible table.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Rates of Investment Return

Funding and Disclosure Purposes – 7.00%, compounded annually

Current Liability Under RPA 1994 – 3.29%, compounded annually.

LDROM – ERISA 4044 Interest Rates at January 2024; 5.45% for 20 years and 5.22% thereafter

All investment returns are net of investment expenses and fees.

2. Rates of Mortality

Healthy Lives - Actives	RP-2006 Sex-Distinct Employee Mortality Table, Fully Generational, projected with Scale MP-2017
Healthy Lives - Retired	RP-2006 Sex-Distinct Annuitant Mortality Table, Fully Generational, projected with Scale MP-2017
Disabled Lives	RP-2014 Disabled Retiree Mortality projected Fully generation with Scale MP-2017
Current Liability	IRS 2024 Generational Mortality Table

3. Disability Rates

None

4. Termination Rates

Based on the participant’s age and length of service. Sample rates provided below:

Age	Completed Years of Service		
	0-4	5-9	10+
25	0.31	0.20	0.20
30	0.29	0.15	0.15
35	0.27	0.12	0.10
40	0.25	0.12	0.05
45	0.23	0.10	0.05
50	0.21	0.10	0.05
55	0.19	0.10	0.05
60	0.17	0.10	0.05

5. Retirement Age

Active and vested terminated participants are assumed to retire in accordance with the following rates:

Age	Completed Years of Service		
	Less than 10 Years	10 to 29 Years	30 or more Years
<50	0.00	0.000	0.00
50-54	0.00	0.000	0.03
55	0.00	0.045	0.05
56	0.00	0.055	0.05
57	0.00	0.065	0.05
58	0.00	0.075	0.05
59	0.00	0.085	0.05
60	0.00	0.095	0.05
61	0.00	0.130	0.10
62	0.00	0.165	0.15
63	0.00	0.165	0.15
64	0.00	0.165	0.25
65	0.30	0.350	0.30
66	0.20	0.350	0.30
67-69	0.20	0.250	0.20
70+	1.00	1.000	1.00

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

6. Special Early Retirement

Active participants receive no early retirement reduction upon attaining 30 years of vesting service.

7. Transfer to Inactive Status

Future credits are attributed to all members who have met the requirements for Plan participation until they fail to report at least 500 hours in a plan year.

8. Benefit Accrual Rates

Active participants are assumed to report the same hours in each future year as for the plan year just ended.

9. Marriage Rates

Percentage married: Males – 30%
 Females – 30%

Age differences: Males are assumed to be the same age as their spouse.

10. Administrative Expenses:

The prior year actual administrative expense is added to the Normal Cost to account for ongoing administrative expenses. For 2024, \$1,282,354 was added as of the beginning of the year.

For financial disclosure under FASB ASC 960, the present value of future administrative expense is assumed to be 6.00% of accrued liability. This is based on future projected cash flows based on \$109.36 per participant.

11. Justification of Economic Assumptions

In accordance with Actuarial Standard of Practice #No. 27, the justification for our 7.00% discount rate is based upon review of the historical investment returns, as well as the investment manager's long-term capital market expectations. This review included a discussion with the investment manager concerning the expected geometric mean of future returns, which supports the 7.00% discount rate. Based upon this information, we believe the funding rate assumption is reasonable.

12. Changes in Assumptions Since Last Valuation:

The RPA '94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.

The mortality for RPA '94 current liability was likewise changed.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

B. Actuarial Methods

1. Actuarial Value of Assets:

The actuarial value is taken to be the market value of assets less unrecognized returns (or plus unrecognized losses) in each of the last five years. An unrecognized return is equal to the difference between the actual return on the market value and the expected return on the market value and is recognized over a five-year period (20% in the year incurred, and an additional 20% in each subsequent year until fully recognized). The actuarial value is further adjusted so that in no event will it lie outside a range of 80%-120% of market value. This method was implemented with the January 1, 2007 valuation.

The Trustees elected the “special asset rules” which allows the Fund’s 2008 investment losses to be recognized over 10 years and the use of 130% of market value as the ceiling for the actuarial value of assets for the 2009 Plan Year.

2. Funding Method: Unit Credit Cost Method:

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant’s benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability which is determined for each participant as of each valuation date, represents the

actuarial present value of the portion of each participant’s benefit attributable to service earned prior to the valuation date.

3. PRA 2010 Funding Relief

The Fund’s Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

- The “special amortization rule” which allows the Plan’s investment losses for the plan year ended December 31, 2008 be separately amortized over 29 years;

4. Amortization Extension

On February 5, 2010, an extension of the amortization periods for the unfunded liabilities as of January 1, 2009 was granted in accordance with Section 431(d)(1) of the Internal Revenue Code. The results presented in this report reflect the application of the five-year amortization extension.

5. Modeling Disclosure

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

ProVal

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs, and project benefit

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

Projection Model

Projections in Section II of this actuarial valuation report were developed using *P-Scan*, our proprietary tool for developing deterministic projections. *P-Scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership and investment experience.

The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions. The scenarios shown in this report are deterministic projections and the variables are not necessarily correlated.

6. Changes in Method since Last Valuation

None

Schedule MB, line 8b(1) - Schedule of Projected of Expected Benefit Payments

Plan Year	Retired Participants and Beneficiaries				Total	Plan Year	Retired Participants and Beneficiaries				Total
	Active Participants	Terminated Participants	Vested Participants	Receiving Payments			Active Participants	Terminated Participants	Vested Participants	Receiving Payments	
2024	\$ 692,983	\$	953,226	\$ 13,906,539	\$ 15,552,748	2049	\$ 6,338,869	\$	6,246,980	\$ 3,323,777	\$ 15,909,626
2025	1,589,492		1,323,028	13,629,413	16,541,933	2050	6,180,606		6,205,613	2,905,595	15,291,814
2026	2,347,801		1,815,449	13,339,157	17,502,407	2051	6,034,506		6,125,478	2,515,559	14,675,543
2027	3,089,851		2,212,747	13,035,464	18,338,062	2052	5,859,593		6,022,606	2,155,958	14,038,157
2028	3,735,128		2,605,029	12,717,985	19,058,142	2053	5,664,741		5,915,256	1,828,399	13,408,396
2029	4,259,806		3,017,275	12,386,312	19,663,393	2054	5,458,316		5,766,588	1,533,728	12,758,632
2030	4,703,108		3,350,374	12,040,024	20,093,506	2055	5,221,114		5,602,108	1,272,072	12,095,294
2031	5,101,351		3,761,106	11,678,740	20,541,197	2056	5,020,617		5,423,382	1,042,875	11,486,874
2032	5,456,678		4,027,121	11,302,115	20,785,914	2057	4,794,957		5,213,780	844,874	10,853,611
2033	5,754,129		4,316,365	10,909,876	20,980,370	2058	4,576,297		4,984,376	676,254	10,236,927
2034	6,003,854		4,624,103	10,501,827	21,129,784	2059	4,333,578		4,749,656	534,778	9,618,012
2035	6,219,634		4,942,085	10,077,947	21,239,666	2060	4,101,783		4,506,174	417,858	9,025,815
2036	6,398,763		5,211,674	9,638,472	21,248,909	2061	3,874,718		4,260,498	322,686	8,457,902
2037	6,545,146		5,422,644	9,183,961	21,151,751	2062	3,647,295		4,010,918	246,370	7,904,583
2038	6,646,376		5,558,044	8,715,327	20,919,747	2063	3,418,263		3,761,823	186,066	7,366,152
2039	6,754,853		5,675,579	8,233,899	20,664,331	2064	3,192,633		3,519,244	139,082	6,850,959
2040	6,817,499		5,822,510	7,741,468	20,381,477	2065	2,978,081		3,283,548	102,972	6,364,601
2041	6,842,664		5,922,572	7,240,306	20,005,542	2066	2,769,874		3,056,193	75,585	5,901,652
2042	6,873,668		6,005,087	6,733,162	19,611,917	2067	2,566,258		2,837,508	55,069	5,458,835
2043	6,839,184		6,085,963	6,223,230	19,148,377	2068	2,374,418		2,628,011	39,877	5,042,306
2044	6,790,201		6,119,146	5,714,095	18,623,442	2069	2,192,353		2,427,788	28,750	4,648,891
2045	6,739,220		6,166,835	5,209,687	18,115,742	2070	2,021,201		2,236,845	20,677	4,278,723
2046	6,650,752		6,212,542	4,714,189	17,577,483	2071	1,860,513		2,055,081	14,865	3,930,459
2047	6,567,981		6,244,595	4,231,910	17,044,486	2072	1,709,895		1,882,338	10,711	3,602,944
2048	6,462,227		6,258,876	3,767,097	16,488,200	2073	1,568,959		1,718,444	7,753	3,295,156

1199 SEIU REGIONAL PENSION FUND
 EIN #16-1112391

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Federated Hermes	Federated Hermes Government Obligations Fund	\$ 16,279,258	\$ -	\$ 16,279,258	\$ 16,279,258	\$ -
Federated Hermes	Federated Hermes Government Obligations Fund	\$ -	\$ 15,726,858	\$ 15,726,858	\$ 15,726,858	\$ -
Marco Consulting Group	Marco Consulting Group - Equity Group Trust	\$ -	\$ 13,300,000	\$ 4,480,796	\$ 13,300,000	\$ 8,819,204

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 1199 SEIU Regional Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of 1199 Regional Pension Fund	D Employer Identification Number (EIN) 16-1112391

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets



(1) Current value of assets	1b(1)	216,081,541
(2) Actuarial value of assets for funding standard account	1b(2)	222,716,269
c (1) Accrued liability for plan using immediate gain methods	1c(1)	255,992,779
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	255,992,779

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	395,768,089
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,485,581
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	15,301,323
(3) Expected plan disbursements for the plan year	1d(3)	15,043,073

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	Date
Christopher J. Mietlicki	Type or print name of actuary	23-06376
Cheiron, Inc	Firm name	Most recent enrollment number (703) 893-1456
8300 Greensboro Drive, Suite 800	Address of the firm	Telephone number (including area code)
McLean	VA 22102	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule MB (Form 5500) 2024
v. 240311**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	216,081,541
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,986	173,751,623
(2) For terminated vested participants	4,974	104,510,889
(3) For active participants:		
(a) Non-vested benefits		3,851,605
(b) Vested benefits		113,653,972
(c) Total active	4,169	117,505,577
(4) Total	12,129	395,768,089
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.60%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	10,413,889				
Totals ▶			3(b)	10,413,889	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,282,354
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,678,674	-172,252

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-1,038,901

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	4,457,566

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	90,434,792	12,286,685
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1,172,098
e Total charges. Add lines 9a through 9d.....	9e		17,916,349
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		17,376,453
g Employer contributions. Total from column (b) of line 3.....	9g		10,413,889
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	39,781,829	7,790,706
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,120,023
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	66,067,425	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	138,867,713	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		37,701,071
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		19,784,722
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No