

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>1199 SEIU LEAGUE JOB SECURITY FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE 1199SEIU LEAGUE JOB SECURITY FUND</u> <u>P.O. BOX 842</u> <u>NEW YORK, NY 10108</u>	1c Effective date of plan <u>03/05/1993</u> 2b Employer Identification Number (EIN) <u>13-3712851</u> 2c Plan Sponsor's telephone number <u>646-473-6656</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SANDI VITO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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	102835
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)	102835
	6a(2)	105778
	6b	
	6c	
	6d	105778
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	276

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4C 4J

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 type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input 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 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 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 LEAGUE JOB SECURITY FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE 1199SEIU LEAGUE JOB SECURITY FUND	D Employer Identification Number (EIN) 13-3712851	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

1199SEIU NATIONAL BENEFIT FUND FOR

13-1628401

(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?
99	NONE	2278624	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)

THE BACHRACH GROUP LTD

03-0408733

(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?
99	NONE	38833	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)

WEAVER AND TIDWELL LLP

75-0786316

(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	PROV SVC TO REL BEN PLS	18097	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)

1199 SEIU NATIONAL BENEFIT FUND FOR

13-4129368

(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?
99	NONE	17037	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)

VANGUARD GROUP STAFFING

13-3854763

(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?
99	NONE	16160	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)

STEP VISUAL COMMUNICATIONS LLC

26-4662241

(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?
99	NONE	7340	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)

REGINALD EASTON

400 WEST 61ST STREET, UNIT 1228
NEW YORK, NY 10023

(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?
17	NONE	6240	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)

MCNAMARA & ASSOCIATES, INC.

22-3516507

(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?
99	NONE	5175	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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 LEAGUE JOB SECURITY FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE 1199SEIU LEAGUE JOB SECURITY FUND	D Employer Identification Number (EIN) 13-3712851

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	926636	5031198
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1835009	1754235
(2) Participant contributions		
(3) Other	2379160	886518
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	9312867	9794136
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		

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	305633	191135
f Total assets (add all amounts in lines 1a through 1e).....	1f	14759305	17657222
Liabilities			
g Benefit claims payable.....	1g	1012974	785057
h Operating payables.....	1h	961497	789303
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2839636	1956190
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4814107	3530550
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9945198	14126672

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)	7749200	
(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)		7749200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	481269	
(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)		481269
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	8415
d Total income. Add all income amounts in column (b) and enter total.....	2d	8238884

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	216523
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	2210792
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2427315
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)	131171
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	39002
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	17161
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	1442761
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1630095
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	4057410

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	4181474
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: **WEAVER AND TIDWELL L.L.P.**

(2) EIN: **75-0786316**

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		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

1199SEIU LEAGUE JOB SECURITY FUND

Financial Statements and Supplemental Schedules

For the Years Ended December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

1199SEIU LEAGUE JOB SECURITY FUND
Financial Statements and Supplemental Schedules
For the Years Ended December 31, 2024 and 2023
(With Independent Auditor’s Report Thereon)

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All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of the
1199SEIU League Job Security Fund

Opinion

We have audited the financial statements of 1199SEIU League Job Security Fund (the Plan or Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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, information regarding the Plan's net assets available for benefits 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 (US GAAP).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 US GAAP, 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 for one year after the date that the financial statements are issued or are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements, but certain supplementary information is required by the Department of Labor's (DOL) 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 US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

New York, New York
October 14, 2025

1199SEIU LEAGUE JOB SECURITY FUND

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash and cash equivalents	\$ 14,825,334	\$ 10,239,503
Receivables:		
Employers' contributions (net of allowance for doubtful accounts of \$50,821 and \$46,902 for 2024 and 2023, respectively) (notes 2(e) and 2(g))	1,754,235	1,835,009
Due from related entities	886,518	1,475,033
Total receivables	<u>2,640,753</u>	<u>3,310,042</u>
Fixed assets, prepaid expenses and other assets:		
Furniture, equipment and leasehold improvements, net (note 7)	191,135	305,633
Prepaid expenses and other assets	—	904,127
Total fixed assets, prepaid expenses and other assets	<u>191,135</u>	<u>1,209,760</u>
Total assets	<u>17,657,222</u>	<u>14,759,305</u>
Liabilities:		
Accounts payable and accrued expenses	789,303	961,497
Due to related entities	1,956,190	2,839,636
Total liabilities	<u>2,745,493</u>	<u>3,801,133</u>
Net assets available for benefits	<u>\$ 14,911,729</u>	<u>\$ 10,958,172</u>

See accompanying notes to financial statements.

1199SEIU LEAGUE JOB SECURITY FUND

Statements of Changes in Net Assets Available for Benefits

For the Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to:		
Contributions and other income:		
Employer contributions (note 1(c))	\$ 7,749,200	\$ 6,178,263
Other income	481,269	447,488
Total contributions and other income	<u>8,230,469</u>	<u>6,625,751</u>
Interest and charges – employer delinquencies	<u>8,415</u>	<u>28,952</u>
Total additions	<u>8,238,884</u>	<u>6,654,703</u>
Deductions from net assets attributable to:		
Program expenses (note 2(h)):		
Direct program expenses paid (note 3)	444,440	771,026
Indirect program expenses	<u>2,210,792</u>	<u>3,937,676</u>
Total program expenses	<u>2,655,232</u>	<u>4,708,702</u>
Administrative expenses	<u>1,630,095</u>	<u>2,623,042</u>
Total deductions	<u>4,285,327</u>	<u>7,331,744</u>
Net Increase (decrease)	3,953,557	(677,041)
Net assets available for benefits:		
Beginning of year	<u>10,958,172</u>	<u>11,635,213</u>
End of year	\$ <u><u>14,911,729</u></u>	\$ <u><u>10,958,172</u></u>

See accompanying notes to financial statements.

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Fund

The following brief description of the 1199SEIU League Job Security Fund (the “Plan” or “Fund”) provides only general information. Participants should refer to the Summary Plan Description (the SPD) for a more complete description of the Plan’s provisions.

(a) *General*

The Plan was established under terms of a collective bargaining agreement (CBA) between the 1199SEIU United Healthcare Workers East (the Union), and the League of Voluntary Hospitals and Homes of New York and the Archdiocese of New York (collectively, the League) or other institutions (Others). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) *Benefits*

The Fund provides retraining benefits, unemployment benefits, continued health insurance, job security and job placement services for participants who are laid off from employment by an employer subject to the CBA entered into between the Union and the League.

(c) *Funding*

The Fund receives contributions pursuant to a number of CBAs entered into with contributing employers by the Union. On September 23, 2021 the CBA between the Union and the League was extended to cover the period from October 1, 2021 to September 30, 2024. For this new MOA period, contributions remained at the same rate as the current contribution levels (percentages).

On March 9, 2023, the League CBA was extended from through September 30, 2026. This contract extension did not change contribution rates.

Contributions from employers are based on a percentage of the participating employers’ monthly payroll for covered employees. Additionally, the Fund may receive allocations of contributions otherwise payable to other 1199SEIU Funds from certain employers whose CBA with the Union requires or allows such allocations.

The Healthcare Industry Grant Corporation, (the Corporation) was established, among other things, to assist related employee benefit plans, including the Fund, and the contributing employers (collectively, the Recipients) associated with the Union to obtain grant funding to enable the recipients to provide job training and educational programs to existing and prospective workers in the health care industry.

The Corporation acts on behalf of the Fund and other entities (other related Funds, the Union and employers) in the application and administration of all grants. Income received by the Corporation is remitted to the fund that administers the program and is included in other income in the accompanying statements of changes in net assets available for benefits. There were no grants received by the Fund from the Corporation for the years ended December 31, 2024 and 2023.

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(2) Summary of Significant Account Policies

(a) *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) *Cash and Cash Equivalents*

Cash and cash equivalents consist of cash held in commercial checking accounts and highly liquid short-term investment funds that are considered cash equivalents.

As of December 31, 2024 and 2023, the Fund held non-interest-bearing cash of \$5,031,198 and \$926,636 and money market funds of \$9,794,136 and \$9,312,867, respectively. As of December 31, 2024 and 2023, the money market fund is classified as level 1 under the hierarchy leveling criteria under ASC 820, *Fair Value Measurement*. The valuation methodology of the money market funds is based on unadjusted quoted prices for identical assets in active markets that the Fund has the ability to access.

(c) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Fund's management to make estimates and assumptions that affect certain reported amounts and disclosures in the Fund's financial statements. Accordingly, actual results could differ from those estimates.

(d) *Depreciation and Amortization*

Furniture and equipment are stated at cost, net of accumulated depreciation, and depreciated on a straight-line basis over their estimated useful lives. Leasehold improvements are stated at cost, net of accumulated amortization, and amortized on a straight-line basis over their estimated useful lives or the remaining term of the sublease, whichever is shorter. Expenditures for maintenance and repairs are expensed as incurred, while additions and improvements that extend the life of the asset are capitalized.

(e) *Employer Contributions*

The Fund recognizes contributions based on the latest executed CBA on an individual employer basis. Accordingly, if certain employers have yet to sign contracts under the new collective bargaining agreement(s), contribution revenues are recorded based on the rates of the latest signed agreement. Contributions from employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Fund during the subsequent month. The Fund recognizes contributions as revenue in the same period in which the wages are earned by the covered employees.

(f) *Receivables and Liabilities*

The carrying value of receivables and liabilities approximate their fair values.

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(g) Allowance for Doubtful Accounts

An allowance for uncollectible employer contributions receivable is recorded based upon a combination of write-off history, aging analysis, and any specific known troubled accounts. As of December 31, 2024 and 2023, the allowance for doubtful accounts consists of the following:

	<u>2024</u>		<u>2023</u>
Specific and other allowance	\$ 26,718	\$	28,400
General allowance	<u>24,103</u>		<u>18,502</u>
Total allowance	<u>\$ 50,821</u>	\$	<u>46,902</u>

(h) Program Expenses

Direct program expenses are benefit payments to participants and are recorded when paid. Direct program expenses also include expenses that result in the services to eligible members that fulfill the purpose or mission for which the Fund exists, which include expenses associated with the delivery of unemployment benefits and health care benefits. Indirect program expenses are wages, taxes and benefits paid to staff in support of the programs. Indirect program expenses are recorded on the accrual basis.

(i) Administrative Expenses

Administrative expenses are expenses that are not identifiable with a single program or member development activity but are indispensable to the conduct of those activities and the Fund's existence. These expenses include business management, general recordkeeping, financing, related administrative activities and all management and administration except for direct conduct of program services.

(3) Benefit Obligations

Benefit obligations are estimated by the Fund's management in accordance with U.S. GAAP. The benefit obligations include actual amounts for direct program expenses paid by the Fund subsequent to year end, plus a projection for any unpaid amounts based on historical data and Fund experience.

Under the provisions of the CBA, employees affected by layoffs are entitled to weekly supplemental unemployment benefits (SUB) payable from the Fund. SUB payments commence when monies from unemployment insurance, severance and accrued leave benefits cease to replace 100% of the affected employee's pre-layoff weekly salary on an after-tax basis and cease after the lesser of 12 months or the length of the employee's employment prior to layoff.

Members who have exhausted their New York State Unemployment Insurance are entitled to receive additional supplemental payment benefits known as Unemployment Replacement Benefits.

The affected employee also will be provided with continued coverage under the 1199SEIU National Benefit Fund for Health and Human Service Employees (the National Benefit Fund) for up to the first year of layoff, known as participant's health care benefits (continuing health coverage). If the employee meets all Fund

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

requirements and remains unemployed after one year, a second year of SUB and continuing health coverage may be approved by the Executive Director.

The following tables present the components of the Fund's benefit obligations and the related changes in benefit obligations as of and for the years ended December 31, 2024 and 2023:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Benefit obligations:		
Participant health care benefits payable	\$ 777,857	\$ 1,009,989
Supplemental unemployment/replacement and Participant incentive and training program benefits payable	<u>7,200</u>	<u>2,985</u>
Total benefit obligations at end of year	<u>\$ 785,057</u>	<u>\$ 1,012,974</u>
	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Balance beginning of the year	\$ 1,012,974	\$ 1,273,016
Direct program benefits paid	(444,440)	(771,026)
Direct program benefits reported and approved for payment	<u>216,523</u>	<u>510,984</u>
Total benefit obligations at end of year	<u>\$ 785,057</u>	<u>\$ 1,012,974</u>

The amounts reflected in benefit obligations are not recorded as payables in the statements of net assets available for benefits in accordance with U.S. GAAP.

(4) Tax Status

The Fund has received a determination letter dated December 12, 1994 from the Internal Revenue Service stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Fund's management and legal counsel believe the Fund is being operated in compliance with the applicable requirements of the Code and, therefore, believe that the related trust is tax-exempt. Consequently, no provision for income taxes has been included in the Fund's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(5) Termination of the Plan

Although they have not expressed any intention to do so, the Board of Trustees has the right to amend or terminate the Fund subject to the provisions set forth in ERISA. If the Fund is terminated, the Fund will pay benefits that participants are entitled to receive under the terms of the Plan; however, participants do not have a vested or nonforfeitable right to receive benefits under the Plan.

(6) Related-Party Transactions

The Fund and certain other related 1199SEIU Training and Employment Funds (collectively, the Related Funds) are administered by the same personnel and share the same office space as well as personnel and other administrative services. These expenses are pooled and allocated among the Related Funds based on an allocation study reviewed by an external consultant. The 2024 allocations were based on an allocation study that was approved on November 7, 2024, and applied retroactively to January 2024, and the 2023 allocations were based on an allocation study that was approved on December 14, 2021.

Certain other central administrative expenses are paid by the 1199SEIU National Benefit Fund for Health and Human Service Employees. These expenses are then pooled and allocated among the Related Funds based on an allocation study reviewed by an external consultant. The 2024 allocations were based on an allocation study that was approved on December 13, 2023 and the 2023 allocations were based on an allocation study that was approved on December 14, 2021. For the years ended December 31, 2024 and 2023, the amount of administrative expenses allocated to the Fund approximated \$1.2 million and \$2.0 million, respectively.

The Fund may receive allocations of contributions otherwise payable to other 1199SEIU Funds from certain employers whose CBA with the Union requires or allows such allocations.

(7) Furniture, Equipment and Leasehold Improvements, Net

At December 31, 2024 and 2023, Furniture, Equipment and Leasehold Improvements consisted of the following:

	<u>2024</u>	<u>2023</u>
Leasehold improvements	\$ 136,765	\$ 133,837
Computer and office equipment	142,024	135,363
Furniture and fixtures	27,992	27,992
Software	<u>857,873</u>	<u>824,138</u>
Total	1,164,654	1,121,330
Accumulated depreciation and amortization	<u>(973,519)</u>	<u>(815,697)</u>
Furniture, equipment and leasehold improvements, net	<u>\$ 191,135</u>	<u>\$ 305,633</u>

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 was approximately \$159,000 and \$174,000, respectively.

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(8) Concentration of Credit Risk

The Fund maintains accounts at financial institutions. While the Fund attempts to limit any financial exposure, its deposit balances may, at times, exceed federally insured limits. Short-term investment funds are not covered by the Federal Deposit Insurance Corporation. The Fund has not experienced any losses on such accounts. It is management's opinion that the financial institutions used by the Fund are financially strong and, therefore, do not constitute significant risk. At December 31st, 2024, approximately 10% of the Fund's total gross employer contribution receivable was due from one organization. At December 31st, 2023, approximately 10% of the Fund's total gross employer contribution receivable was due from one organization.

(9) Risks and Uncertainties

Preparing financial statements requires management to make estimates and assumptions about current, and for some cases future, economic and market conditions which affect reported amounts and related disclosures in the financial statements. Although current estimates and assumptions contemplate current conditions and how management expects them to change in the future, as applicable, it is reasonably possible that in the near term those estimates, and assumptions could change which would have a material impact on amounts currently reported. These changes would impact future financial statements in accordance with U.S. GAAP. The more significant assumptions and estimates include the benefit obligation, which is reported based on projected benefit payments payable during the subsequent year based on eligibility at December 31, 2024, all of which are subject to change. Due to uncertainties inherent in the estimations, it is reasonably possible that changes in these estimates would be material to the financial statements.

(10) Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 14,911,729	\$ 10,958,172
Benefits obligations currently payable	(785,057)	(1,012,974)
Net assets available for benefits per the Form 5500	\$ 14,126,672	\$ 9,945,198

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

	2024
Total benefits paid (direct and indirect program expenses) as reported on the financial statements	\$ 2,655,232
Add amounts currently payable at end of year	785,057
Less amounts currently payable at beginning of year	(1,012,974)
Total cost of benefits on the Form 5500	\$ 2,427,315

1199SEIU LEAGUE JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

(11) Subsequent Events

Subsequent to December 31, 2024 and through October 14, 2025, the date the financial statements were available to be issued, management evaluated subsequent events and concluded that there were no additional subsequent events to be disclosed.

SUPPLEMENTAL SCHEDULES

1199SEIU LEAGUE JOB SECURITY FUND
Supplemental Schedules
Schedule of Assets (Held at End of Year)
December 31, 2024

Form 5500, Schedule H, Line 4(i)
E.I.N.: 13-3712851
Plan No.: 501

(a)(b) Identity of Issue	(c) Description of Investments				(d) Cost	(e) Current Value
	Description	Maturity Date	Interest Rate	Collateral		
Interest bearing cash: Amalgamated Bank Money Market Fund	Money Market Fund	N/A	Variable	N/A	9,794,136	<u>\$ 9,794,136</u>
Total interest bearing cash Form 5500, Schedule H, Part I, Item 1c(1)					<u>\$ 9,794,136</u>	<u>\$ 9,794,136</u>

See accompanying independent auditor's report.

1199SEIU LEAGUE JOB SECURITY FUND

Schedules of Program and Administrative Expenses

For the Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Program expenses:		
Direct program expenses:		
SUB/URB and health benefit expenses (note 3)	\$ 199,983	\$ 488,089
Participant training and incentive program	<u>16,540</u>	<u>22,895</u>
Total direct program expenses approved for payment	216,523	510,984
Change in benefit obligation	<u>227,917</u>	<u>260,042</u>
Total direct expenses paid	<u>444,440</u>	<u>771,026</u>
Indirect program expenses:		
Wages, taxes and benefits	<u>2,210,792</u>	<u>3,937,676</u>
Total program expenses	<u>2,655,232</u>	<u>4,708,702</u>
Administrative expenses:		
Shared allocated expenses – related party	1,218,775	1,971,574
Wages, taxes and benefits	131,171	275,653
Professional fees	56,163	67,256
Depreciation and amortization	159,454	173,794
Other expenses	<u>64,532</u>	<u>134,765</u>
Total administrative expenses	<u>1,630,095</u>	<u>2,623,042</u>
Total program and administrative expenses	<u>\$ 4,285,327</u>	<u>\$ 7,331,744</u>

See accompanying notes to financial statements.

1199SEIU LEAGUE JOB SECURITY FUND
Supplemental Schedules
Schedule of Assets (Held at End of Year)
December 31, 2024

Form 5500, Schedule H, Line 4(i)
E.I.N.: 13-3712851
Plan No.: 501

(a)(b) Identity of Issue	(c) Description of Investments				(d) Cost	(e) Current Value
	Description	Maturity Date	Interest Rate	Collateral		
Interest bearing cash: Amalgamated Bank Money Market Fund	Money Market Fund	N/A	Variable	N/A	9,794,136	<u>\$ 9,794,136</u>
Total interest bearing cash Form 5500, Schedule H, Part I, Item 1c(1)					<u>\$ 9,794,136</u>	<u>\$ 9,794,136</u>

See accompanying independent auditor's report.

Electronic Filing Authorization

Name of Plan: 1199 SEIU League Job Security Fund
EIN: 13-3712851; PN 501

Plan Year Ending: December 31, 2024

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Weaver and Tidwell, L.L.P. ("Weaver") to electronically sign and file the following returns/reports:

2024 Form 5500

I understand that in granting this authority that:

- Weaver will retain a copy of this written authorization in its records;
- Weaver will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding these annual returns/reports; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the Form 5500 posted by the Department of Labor on the Internet for public disclosure.
- Weaver shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing(s) for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: 

Date: 10 / 15 / 2025

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [] a single-employer plan [] a DFE (specify)
[] 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 [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: 1199 SEIU LEAGUE JOB SECURITY FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/05/1993
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE 1199SEIU LEAGUE JOB SECURI
Mailing address (include room, apt., suite no. and street, or P.O. Box): P.O. BOX 842
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): NEW YORK NY 10108
2b Employer Identification Number (EIN): 13-3712851
2c Plan Sponsor's telephone number: 646-473-6656
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: SANDI VITO, 10/15/2025, SANDI VITO. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311