

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.) [ ] 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. . . . . [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/GREATER NEW YORK JOB SECURITY FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan): 1199 SEIU/GREATER NEW YORK JOB SECURITY
Mailing address (include room, apt., suite no. and street, or P.O. Box): P.O. BOX 842, NEW YORK, NY 10108
2b Employer Identification Number (EIN): 05-0557207
2c Plan Sponsor's telephone number: 646-473-6656
2d Business code (see instructions): 623000

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	14211
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	14211
	<b>6a(2)</b>	15232
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	15232
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	150

**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

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

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

---

**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 \_\_\_\_\_

---

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

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

<b>A</b> Name of plan <b>1199 SEIU/GREATER NEW YORK JOB SECURITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>1199 SEIU/GREATER NEW YORK JOB SECURITY</b>	<b>D</b> Employer Identification Number (EIN) <b>05-0557207</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

1199 SEIU NATL BEN FD FOR HLTH & HS

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	PROV SVC TO REL BEN PLS	302261	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	9450	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>1199 SEIU/GREATER NEW YORK JOB SECURITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>1199 SEIU/GREATER NEW YORK JOB SECURITY</b>	<b>D</b> Employer Identification Number (EIN) <b>05-0557207</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	5469470	3704990
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	399351	367190
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1143146	1640720
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	788407	829150
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	55659	31982
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7856033	6574032
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	141116	133110
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2103238	1148522
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2244354	1281632
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5611679	5292400

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	91781	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		91781
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	40744	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		40744
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		15472
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		147997

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	226695	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		226695
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	16695	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	30700	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	12635	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	180551	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		240581
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		467276

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-319279
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		4000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**1199/SEIU GREATER NEW YORK JOB SECURITY FUND**

**Financial Statements and Supplemental Schedules**

**For the Years Ended December 31, 2024 and 2023**

**(With Independent Auditors' Report Thereon)**

**1199/SEIU GREATER NEW YORK JOB SECURITY FUND**

**Financial Statements and Supplemental Schedules**

**For the Years Ended December 31, 2024 and 2023**

**(With Independent Auditors' Report Thereon)**

**Table of Contents**

	<u>Page</u>
<b>Independent Auditors' Report</b>	1 - 3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 11
<b>ERISA-Required Supplementary Information</b>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12
<b>Other Supplementary Information</b>	
Schedules of Program and Administrative Expenses	13

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 Participants and Board of Trustees of  
1199 SEIU/Greater New York Job Security Fund  
New York, New York

### ***Opinion***

We have audited the financial statements of 1199 SEIU/Greater New York 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***

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.

The Participants and Board of Trustees of  
1199 SEIU/Greater New York Job Security Fund

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

**1199 SEIU/GREATER NEW YORK JOB SECURITY FUND**  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<u>Assets:</u>		
Cash and cash equivalents	\$ 4,534,140	\$ 6,257,877
<u>Receivables:</u>		
Employers' contributions (net of allowance for doubtful accounts of \$54,798 and \$61,536 for 2024 and 2023, respectively) (notes 2(e) and 2(g))	367,190	399,351
Due from related entities	1,640,720	1,143,146
Total receivables	2,007,910	1,542,497
Furniture, equipment and leasehold improvements, net (note 7)	31,982	55,659
Total assets	6,574,032	7,856,033
<u>Liabilities:</u>		
Accounts payable and accrued expenses	133,110	141,116
Due to related entities	1,148,522	2,103,238
Total liabilities	1,281,632	2,244,354
Net assets available for benefits	\$ 5,292,400	\$ 5,611,679

See accompanying independent auditors' report.

**1199 SEIU/GREATER NEW YORK 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>
<u>Additions to net assets available for benefits:</u>		
Contributions:		
Employers' contributions	\$ 91,781	\$ 147,327
Interest income	45,759	44,105
Total contributions and other income	<u>137,540</u>	<u>191,432</u>
Interest and charges - employer delinquencies	<u>10,457</u>	<u>2,300</u>
Total additions	<u>147,997</u>	<u>193,732</u>
 <u>Deductions from net assets available for benefits:</u>		
Benefits paid to or for participants:		
Program expenses (note 2(h)):		
Indirect program expenses	226,695	567,467
	<u>226,695</u>	<u>567,467</u>
Administrative expenses	240,581	496,097
Total deductions	<u>467,276</u>	<u>1,063,564</u>
Net decrease	<u>(319,279)</u>	<u>(869,832)</u>
 <u>Net assets available for benefits:</u>		
Beginning of year	<u>5,611,679</u>	<u>6,481,511</u>
 End of year	<u>\$ 5,292,400</u>	<u>\$ 5,611,679</u>

See accompanying independent auditors' report.

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (1) Description of the Plan

The following brief description of the 1199/SEIU Greater New York 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 is a multi-employer employee benefit plan established under the provisions of an Agreement and Declaration of Trust between the Greater New York Health Care Facilities Association, Inc. (the “Association”) and 1199SEIU United Healthcare Workers East (the “Union” or “1199SEIU”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

#### (b) *Plan Benefits*

The Fund provides retraining benefits, unemployment benefits and continued health insurance for participants who are laid off from employment by an employer subject to the Collective Bargaining Agreement (“CBA”) entered into between the Union and the Association and other CBAs entered into between the Union and employer(s) that are not members of the Association (together “Contributing Employers”). The Plan also provides education benefits to participants who are actively employed by an employer and are determined to be at risk of layoff.

#### (c) *Funding*

The Fund receives contributions pursuant to Collective Bargaining Agreements (CBAs) entered between the Union, various employer associations and independent nursing homes.

On November 29, 2021, the parties entered into a new MOA covering the period from October 1, 2021 through September 30, 2024 (the “2021 MOA”). In accordance with the 2021 MOA, all employers who contribute to the Fund will continue to be contributing employers at the current contribution rate for the life of the agreement.

On July 1, 2023, the CBA was extended through September 30, 2026. The contributions rates were not changed; however, it approved wage increases as follows: 7% effective 7/1/2023, 6% effective 10/1/2024, and 5% effective 10/1/2025.

Under the terms of the CBAs, employers are required to make a monthly contribution to the Plan based on a specified percentage of the total gross wages of such employer’s covered union employees, in accordance with the requirements of the related CBA.

The Fund may receive allocations of contributions, at the direction of the collective bargaining parties, otherwise payable to certain related funds from certain employers whose CBAs with the Union require or allow such a allocations.

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (2) Summary of Significant Accounting 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 at Amalgamated Bank 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 \$3,704,990 and \$5,469,470 and money market funds of \$829,150 and \$788,407 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 accounting principles generally accepted in the United States of America (“US 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 CBAs on an individual employer basis. Accordingly, contribution revenues are recorded based on the rates of the latest signed agreement between the Union and such employer. 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 were earned by the covered employees.

#### (f) *Receivables and Liabilities*

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

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

**(g) Allowance for Doubtful Accounts**

Management of the Fund evaluates employer contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection.

As of December 31, 2024 and 2023, allowance for doubtful accounts consists of the following:

	<u>2024</u>	<u>2023</u>
Specific and other reserve	\$ 38,732	\$ 41,727
General reserve	16,066	19,809
Total reserves	<u>\$ 54,798</u>	<u>\$ 61,536</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**

The Plan's benefit obligations if any exist would consist primarily of amounts payable at the end of the year related to certain education benefits provided by the Fund for eligible members who are pursuing English as a second language, skills enhancement, general educational development, college preparatory, computer instruction, licensed practical nursing, tuition assistance programs, degree programs, continuing education, tuition voucher program, etc. Each of the programs is governed by specific rules and regulations as described in the SPD. At December 31, 2024 and 2023, there were no benefit obligations.

**(4) Tax Status**

The Plan is exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code ("IRC" or "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.

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

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.

### **(5) Termination of the Plan**

Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan is irrevocable and will continue indefinitely, as long as an employer remains or unless the Plan is terminated as set forth below:

- (a) The Trustees may terminate the Plan upon written notice to the employers.
- (b) The Union and a majority of employers may terminate the Plan pursuant to an agreement between them. The Union and the employers must give six months' written notice to the Trustees, and the Plan will terminate at the end of that period.
- (c) The Plan will be deemed terminated if no employer participates.

Upon termination, all funds, securities, notes, valuables and property in the possession of the Trustees, held or owned by them under the Trust Agreement, will be turned over to such agency as may be determined and designated by the participants, through the Union, to be used on behalf of these participants as it considers proper.

The Trustees, each of them, and their heirs, executors, assignees, and legal representatives to the extent that they have an interest in the corpus of the Plan, shall execute such documents, deeds, assignments, or other indicia of title as may be necessary and proper to effectuate the transfer and termination of the Plan. The Trustees shall then be held harmless from any further obligation of the Plan, or any further duties as Trustees, and the obligations and debts of the Plan shall not be considered or become a personal obligation of the Trustees or of the parties who ordinarily designated the Trustees to act in that capacity.

In terminating the Plan, the Trustees may reserve from the Plan an amount of assets they consider necessary or advisable to provide for payment of: (1) their expenses, or the expenses of the Plan, then or thereafter due or payable; (2) any compensation then or thereafter due or payable for services rendered to the Plan or the Trustees; and (3) any sums then or thereafter chargeable against the Plan or the Trustees for which the Plan or Trustees may be liable.

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (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 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 (NBF). 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, 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 \$158,000 and \$360,000, respectively.

### (7) Furniture, Equipment and Leasehold Improvements, Net

At December 31, 2024 and 2023, furniture, equipment and leasehold improvements, net, comprise the following:

	<u>2024</u>	<u>2023</u>
Leasehold improvements	\$ 8,417	\$ 8,045
Computer equipment and software	107,723	102,373
Furniture and fixtures	<u>1,807</u>	<u>1,807</u>
	117,947	112,225
Accumulated depreciation and amortization	<u>(85,965)</u>	<u>(56,566)</u>
Furniture, equipment and leasehold, net	<u>\$ 31,982</u>	<u>\$ 55,659</u>

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 was approximately \$14,429 and \$28,232, respectively.

### (8) Concentrations of Credit Risk

Financial instruments that subject the Fund to concentrations of credit risk consist of cash and cash equivalents. The Fund maintains accounts at Amalgamated Bank. While the Fund attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation. Contributions receivables consist of amounts due from employers in the nursing home and health care industry. It is management’s opinion that the financial institution used by the Fund is financially strong and, therefore, does not constitute significant risk. At December 31, 2024 and 2023, no one group or organization represented more than 10% of the Fund’s total gross employer contribution receivable.

## 1199/SEIU GREATER NEW YORK JOB SECURITY FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (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 US GAAP. Examples of some of the more significant assumptions and estimates are as follows.

Benefit obligations are reported based on projected benefit payments during the subsequent year based on eligibility as of 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 the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 5,292,400	\$ 5,611,679
Benefits obligations currently payable	<u>—</u>	<u>—</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,292,400</u>	<u>\$ 5,611,679</u>

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

	<u>2024</u>
Total benefits paid (direct and indirect program expenses) as reported on the financial statements	\$ 226,695
Add amounts currently payable at end of year	<u>—</u>
Less amounts currently payable at beginning of year	<u>—</u>
Total cost of benefits on the Form 5500	<u>\$ 226,695</u>

### (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 subsequent events to be disclosed.

## **SUPPLEMENTAL SCHEDULES**

**1199 SEIU/GREATER NEW YORK JOB SECURITY FUND**  
**Supplemental Schedule**  
Schedule of Assets (Held at End of Year)  
December 31, 2024

Form 5500, Schedule H, Line 4(i)  
E.I.N.: 05-0557207  
Plan No.: 501

(a)(b) Identity of Issue	(c) Description of Investments				Principal or Shares	(d) Cost	(e) Current Value
	Description	Maturity Date	Interest Rate	Collateral			
JP Morgan Chase U.S. Treasury Money Market Fund	Money Market Fund	N/A	Variable	N/A	829,150	\$ 829,150	\$ 829,150

See accompanying independent auditors' report.

**1199 SEIU/GREATER NEW YORK JOB SECURITY FUND**

Schedules of Program and Administrative Expenses

For the Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>Program expenses:</u>		
Indirect program expenses:		
Program salaries, benefits, payroll taxes and program administrative expenses	\$ 226,695	\$ 567,467
Total program expenses	<u>226,695</u>	<u>567,467</u>
<u>Administrative expenses:</u>		
Administration wages, taxes and benefits	16,695	50,099
Legal fees	12,635	12,551
Audit fees	30,700	34,125
Depreciation and amortization	14,429	28,232
Shared allocated expenses	157,661	359,661
Other expenses	8,461	11,429
Total administrative expenses, net	<u>240,581</u>	<u>496,097</u>
Total program and administrative expenses, net	<u>\$ 467,276</u>	<u>\$ 1,063,564</u>

See accompanying independent auditors' report.

**1199 SEIU/GREATER NEW YORK JOB SECURITY FUND**  
**Supplemental Schedule**  
Schedule of Assets (Held at End of Year)  
December 31, 2024

Form 5500, Schedule H, Line 4(i)  
E.I.N.: 05-0557207  
Plan No.: 501

(a)(b) Identity of Issue	(c) Description of Investments				Principal or Shares	(d) Cost	(e) Current Value
	Description	Maturity Date	Interest Rate	Collateral			
JP Morgan Chase U.S. Treasury Money Market Fund	Money Market Fund	N/A	Variable	N/A	829,150	\$ 829,150	\$ 829,150

## Electronic Filing Authorization

Name of Plan: 1199 SEIU/Greater New York Job Security Fund  
EIN: 05-0557207; 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:  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 ..... ▶
- 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

<b>1a</b> Name of plan 1199 SEIU/GREATER NEW YORK JOB SECURITY FUND	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> 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) 1199 SEIU/GREATER NEW YORK JOB SECURITY  P.O. BOX 842  NEW YORK NY 10108	<b>1c</b> Effective date of plan <u>03/01/2003</u>
	<b>2b</b> Employer Identification Number (EIN) <u>05-0557207</u>
	<b>2c</b> Plan Sponsor's telephone number <u>646-473-6656</u>
	<b>2d</b> Business code (see instructions) <u>623000</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.

<b>SIGN HERE</b>	<i>Sandi Vito</i>	10 / 15 / 2025	SANDI VITO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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