

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 BENEFIT FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 05/26/1958
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) BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK BENEFIT FUND P.O. BOX 842 NEW YORK, NY 10108
2b Employer Identification Number (EIN) 13-6125570
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.

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	18942
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)	16159
	6a(2)	17005
	6b	2809
	6c	
	6d	19814
	6e	
	6f	0
	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	

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

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

4A 4B 4D 4E 4K 4L 4Q

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 4
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **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 _____

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

<p>A Name of plan 1199 SEIU GREATER NEW YORK BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-6125570</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260B83	16255	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	667987	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		667987
b Benefit charges (1) Claims paid	9b(1)	261233	
(2) Increase (decrease) in claim reserves	9b(2)	-44649	
(3) Incurred claims (add (1) and (2))	9b(3)		216584
(4) Claims charged	9b(4)		216584
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	5010	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	13360	
(F) Charges for risks or other contingencies	9c(1)(F)	-421	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		17949
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		315589
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	54396
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan 1199 SEIU GREATER NEW YORK BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-6125570</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COM

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3327966	678	08/01/2023	07/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	167554
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan 1199 SEIU GREATER NEW YORK BENEFIT 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 1199SEIU GREATER NEW YORK BENEFIT FUND		D Employer Identification Number (EIN) 13-6125570

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

1 Coverage Information:

(a) Name of insurance carrier

AETNA LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E00067102209	1887	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1967542
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan 1199 SEIU GREATER NEW YORK BENEFIT 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 1199SEIU GREATER NEW YORK BENEFIT FUND		D Employer Identification Number (EIN) 13-6125570

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL34097	779	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	313544
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 GREATER NEW YORK BENEFIT 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 1199SEIU GREATER NEW YORK BENEFIT FUND	D Employer Identification Number (EIN) 13-6125570	

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

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(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)

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	RELATED PARTY	14583394	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)

3BF PARTNERS LLC

37-1920632

(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	RELATED PARTY	371491	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	432727	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)

CHANGE HEALTHCARE LLC

81-3611560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	61809	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)

CHANGE HEALTHCARE OPERATIONS, LLC

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	65923	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)

CVS PHARMACY, INC

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	209062	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)

D.D. SERVICES INC

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	213786	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)

EMBLEM HEALTH SERVICES

26-1330097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	71771	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)

EVERNORTH BEHAVIORAL HEALTH, INC.

41-1648670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	485290	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)

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(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?
49	NONE	22130	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)

INOVALON PROVIDER, INC

41-1973195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	87168	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)

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	301079	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)

MARTIN F.SCHEINMAN, ESQ

11-2592796

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	48000	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)

MED REVIEW INC

13-3240352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	30378	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)

MEDCO HEALTH SOLUTIONS, INC.

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	389873	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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	350157	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?
36	NONE	71103	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)

ZELIS PAYMENTS HOLDINGS, LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	159085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>1199 SEIU GREATER NEW YORK BENEFIT FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK BENEFIT FUND</u>	D Employer Identification Number (EIN) <u>13-6125570</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFB NORTHERN INSTL FDS GOVT SELECT</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>135089296</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN		
d Entity code		
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 GREATER NEW YORK BENEFIT 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 1199SEIU GREATER NEW YORK BENEFIT FUND	D Employer Identification Number (EIN) 13-6125570

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7503714	12721188
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	43157306	32783632
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	78402380	111886271
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72075082	8296302
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	7653211	7112136
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	117311	135089296
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3897430	17090944

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	212806434	324979769
Liabilities			
g Benefit claims payable.....	1g	38163088	42522625
h Operating payables.....	1h	5427771	1500010
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	31473573	60067402
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	75064432	104090037
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	137742002	220889732

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)	222332184	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	68701041	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		291033225
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(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)	3232349	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3232349
(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)	1922	
(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	3356634
d Total income. Add all income amounts in column (b) and enter total.....	2d	297624130

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	198226809
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	198226809
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	50053
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	10025524
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	301079
(5) Investment advisory and investment management fees	2i(5)	12546
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	350157
(8) Legal fees	2i(8)	48000
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	5462232
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	16199538
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	214476400

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	83147730
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: **KPMG LLP**

(2) EIN: **13-5565207**

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		3000000
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 GREATER NEW YORK BENEFIT FUND

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

1199SEIU GREATER NEW YORK BENEFIT FUND

Table of Contents

	Page(s)
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-19
Supplemental Schedules	
Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	20
Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024	21



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Board of Trustees
1199SEIU Greater New York Benefit Fund:

Opinion

We have audited the financial statements of 1199SEIU Greater New York Benefit Fund (the 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, the net assets available for benefits of the Fund 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 U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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 Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not



a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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

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



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

KPMG LLP

New York, New York
October 15, 2025

1199SEIU GREATER NEW YORK BENEFIT FUND

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value (note 4)	\$ 152,089,296	3,923,797
3BF, net (note 10)	7,112,136	7,653,211
Cash and cash equivalents	21,017,490	79,578,796
Receivables:		
Employer's contributions (net of allowance for doubtful accounts of \$4,315,652 and \$4,739,822 for 2024 and 2023, respectively) (notes 2(g) and 2(k))	32,783,632	43,157,306
Advanced Training Initiative (net of allowance for doubtful accounts of \$622,879 and \$227,623 for 2024 and 2023, respectively) (notes 1(c)(ii) and 2(k))	18,329,142	11,902,775
Enhanced Advanced Training Initiative receivables (net of allowance for doubtful accounts of \$309,986 and \$694,912 at December 31, 2024 and 2023, respectively)(notes 1(c)(iii) and 2(k))	13,514,558	14,246,790
Member spousal contribution	305,704	439,190
Due from pharmacy benefit manager and others (note 2(f))	19,885,324	13,376,722
Due from brokers for securities sold	29,438,704	7,784,344
Accrued investment income	467,968	9,142
Due from related entities (note 9)	29,944,871	30,643,417
Total receivables	144,669,903	121,559,686
Prepaid expenses and other assets	90,944	90,944
Total assets	324,979,769	212,806,434
Liabilities:		
Due to brokers for securities purchased	29,438,704	7,784,344
Accounts payable and accrued expenses	1,500,010	5,427,771
Deferred Contributions (note 2(h))	7,532,000	4,754,218
Due to employers (note 2(i))	19,680,089	16,331,727
Due to related entities	3,416,609	2,603,284
Total liabilities	61,567,412	36,901,344
Net assets available for benefits	\$ 263,412,357	175,905,090

See accompanying notes to financial statements.

1199SEIU GREATER NEW YORK BENEFIT FUND

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets available for benefits:		
Investment income:		
Net appreciation in fair value		
of investments (note 4)	\$ 1,922	150
Interest and dividends	3,232,349	5,970
	<u>3,234,271</u>	<u>6,120</u>
Less: investment expenses	12,546	35,447
Net investment income (loss)	<u>3,221,725</u>	<u>(29,327)</u>
Contributions:		
Employer	222,332,184	205,321,161
Advanced Training Initiative (note 1(c)(ii))	27,476,979	21,637,030
Enhanced Advanced Training Initiative (note 1(c)(iii))	38,344,818	43,055,088
Member spousal contributions	2,743,580	3,116,490
COBRA	135,664	146,626
Total contributions	<u>291,033,225</u>	<u>273,276,395</u>
Interest and charges – employer delinquencies	202,049	281,591
Other income	3,154,585	1,575,572
Total additions	<u>297,611,584</u>	<u>275,104,231</u>
Deductions from net assets available for benefits:		
Benefits paid (note 7)	193,867,272	182,156,031
General and administrative expenses	16,186,992	15,908,852
Interest and fees	50,053	67,775
Total deductions	<u>210,104,317</u>	<u>198,132,658</u>
Net increase	87,507,267	76,971,573
Net assets available for benefits:		
Beginning of year	<u>175,905,090</u>	<u>98,933,517</u>
End of year	\$ <u><u>263,412,357</u></u>	\$ <u><u>175,905,090</u></u>

See accompanying notes to financial statements.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Fund

The following brief description of the 1199SEIU Greater New York Benefit Fund (the Fund or Plan) provides only general information. Participants should refer to the Summary Plan Description (the SPD) or the plan documents for a more complete description of the Plan provisions. Copies of the SPD and the plan documents are available from the Fund's management.

(a) General

The Plan is a contributory, multiemployer (Taft-Hartley), collectively bargained, defined employee welfare benefit fund subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In general, the Fund is self-administered and self-insured. The Plan is administered by a Board of Trustees (the Trustees) with equal representation of the contributing employers and 1199SEIU United Healthcare Workers East (the "Union" or 1199SEIU).

(b) Plan Benefits and Eligibility

The Fund has three levels of benefits called Eligibility Classes. The Eligibility Class determines which benefits are provided by the Plan.

Most benefits are paid for participants up to 30 days after their last payroll date plus any extended coverage provisions, as applicable.

The Plan is comprised of two regions, New York and New Jersey. The benefits for each region are as follows:

(i) New York

The Plan provides, among other benefits, medical, hospital, prescription, dental, vision and life insurance. In general, employees are eligible to participate in the Plan if they work for a contributing employer who is making contributions to the Fund on their behalf and have completed a waiting period specified in the employer's collective bargaining agreement. Terminated employees also may be eligible for benefits if they are eligible to receive Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage and have complied with the notice requirements and pay monthly premiums. Certain retirees, as defined in the Summary Plan Description, are eligible for a specific package of benefits depending, among other requirements, on their age at retirement and the years of pension fund credited service.

(ii) New Jersey

The Plan provides, among other benefits, medical, hospital, prescription, dental, vision and life insurance. In general, employees are eligible to participate in the Plan if they work for a contributing employer who is making contributions to the Fund on their behalf and have completed a waiting period specified in the employer's collective bargaining agreement. Terminated employees also may be eligible for benefits if they are eligible to receive COBRA continuation coverage and have complied with the notice requirements and pay monthly premiums.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(c) *Funding*

(i) *Contributions*

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

New York Employers:

Effective October 1, 2021, pursuant to an MOA extending the CBA and covering the period through September 30, 2024, the master contribution rate was increased to 29.88% of gross payroll, which included a rate reduction attributable to the Advance Training Initiative (ATI) and other funding from New York State for the term of the agreement.

Pursuant to an MOA effective July 1, 2023, the CBA was extended through September 30, 2026. In accordance with the July 2023 CBA extension, effective October 1, 2024, the master contribution rate decreased to 27.80% of gross payroll which includes the rate reduction attributable to pooling by contributing employers of ATI (described in (ii) below) and other funding from New York State for the term of the agreement. The CBA also includes a wage increase that became effective July 1, 2023. An exclusion of 1.5 points of the 2021 3.5% wage increase from Funds' contributions expired effective September 30, 2024.

New Jersey Employers:

Effective January 1, 2019, pursuant to the terms of an MOA (the "2019 MOA"), the required contribution rate for contributing employers in New Jersey for each employee covered by the agreement is 32.5% of gross payroll of the whole bargaining unit. Employers that have not signed the 2019 MOA continued to contribute at a rate of 34.5% in accordance with the old agreement. In addition, the Fund receives a flat amount per covered employee, based on the coverage elected by such employee (e.g. individual, family, individual and spouse, individual and dependent), from certain New Jersey employers pursuant to the related collective bargaining agreement between the Union and such Employer. The Plan also receives a \$15 weekly spousal co-premium and a \$10 weekly dependent child(ren) co-premium for spouses and dependents of eligible non-Genesis employees.

(ii) *Advanced Training Initiative*

The New York State Department of Health (DOH) implemented a nursing home Advanced Training Initiative (ATI) program aimed at teaching direct caregivers to detect early changes in a resident's status that could lead to health declines and/or hospitalization. A State budget allocation was approved for this program for State Fiscal Years 2022-2023, 2023-2024, and 2024-2025, in which several non-contributing employers are also recipients of funding. Further, the MOA provides for certain employers to receive a reduction in their contribution rate for the duration of the agreed upon funding periods of approximately three percentage points, provided they agree to pool any and all funding received from the DOH ATI program over the annual funding cycles ("ATI Pooling").

The Trustees recognize that the parties to the MOA intend that ATI Pooling will enhance employer efforts to retain bargaining unit employees, thereby facilitating continuity of care and improved patient outcomes.

For the years ending December 31, 2024 and 2023, total contributions attributable to ATI pooling among contributing employers were \$27.5 million and \$21.6 million, respectively.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(iii) *Enhanced Advanced Training Initiative*

In 2022, The New York State Department of Health (DOH) implemented a temporary lump sum Enhanced Advanced Training Initiative (Enhanced ATI) payment to residential health care facilities for the State Fiscal Years 2022-2023, 2023-2024, and 2024-2025.

These payments are intended to protect and enhance access to, and quality of, care as vulnerable facilities confront ongoing workforce challenges in the wake of the COVID 19 pandemic. Under the payment methodology for this fiscal year, eligible nursing homes receive funds to support stronger staff continuity, and quality of care.

Contributing employers of the Fund and the 1199SEIU National Benefit for Health and Human Service Employees Fund (NBF) received this temporary DOH funding initiative. As a result of a process similar to ATI Pooling, the Fund's expects to receive amounts attributable to Enhanced ATI from employers of \$35.0 million from April 1, 2023 through March 31, 2024 and \$35.0 million from October 1, 2022 through March 31, 2023. For 2024 and 2023, the Fund recognized \$38.3 million and \$43.1 million, respectively, as revenue.

(2) Significant Accounting Policies

(a) *Basis of Accounting*

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

(b) *Cash and cash equivalents*

Cash and cash equivalents consists of cash held at banks in commercial checking accounts.

(c) *Investment Valuation, Income Recognition and Due from/to Brokers*

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion on fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year. For certain investment funds, investment advisers are reimbursed for costs incurred, may receive a management fee for providing investment advisory services or may receive a performance fee. In addition, in certain instances, the investment manager may receive fees from the investment entities held by the investment fund. These reimbursed costs and management fees are reflected in the net appreciation (depreciation) in the fair value of investments on the statements of changes in net assets available for benefits.

Due from brokers include amounts for securities sold, but not yet settled, at year end and due to brokers include amounts for securities purchased, but not yet settled, at year end.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(d) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein and disclosure of contingent assets, liabilities, and benefit obligations at the date of the financial statements and accompanying notes. Actual results could differ from those estimates.

(e) Benefits Paid

Benefits are recorded when paid and include premium payments to insurance companies for the purchase of life insurance and accidental death and dismemberment (AD&D) insurance coverage for the Plan's members. Benefit payments are reported net of rebates and refunds due to contractual terms and overpayments, respectively, subrogation, and adjustments received by the Fund.

(f) Rebates/ Refunds

Rebates and Refunds due from the Plan's Prescription Benefit Manager are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as a receivable, with the offset netted against benefits paid. Pharmacy drug rebates and refunds totaling \$10.3 million and \$7 million are included as amounts due from pharmacy benefit manager and others netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

The amounts due from pharmacy benefit manager and others includes other refunds for Year ended December 31, 2024 and 2023, include an amount due from the New York State Department of Health Office of Health Insurance Programs. This refund pertains to over-payments made under the New York State Health Care Reform Act Surcharge and Covered Lives Assessment for the period of January 2019 to June 2022, totaling \$6.1 million, which was netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2023. This amount was refunded during May 2025.

(g) Employer Contributions, Advanced Training Initiative, and Enhanced Advanced Training Initiative

The Fund recognizes contributions based on the latest executed collective bargaining agreement on an individual employer basis. Accordingly, contribution revenue from each Contributing Employer is recorded based on the rates of the latest signed agreement by such employer. Contributions from employers are primarily 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.

ATI represents contributions received from employers that participate in ATI Pooling. Such Employers will receive a reduction of approximately three percentage points from the contribution rates set forth in the MOA. These contributions are recognized in the same manner as other employer contributions.

Enhanced ATI represents state DOH funding to support stronger staff continuity, and quality of care of nursing homes satisfying the eligibility criteria.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

The calculation of the accumulated eligibility credit reserve has assumed that the Plan will not terminate and that no contributing employers will drop out of the Plan. The accumulated eligibility credit benefit obligation includes all amendments to the Plan's provisions as of the respective valuation date.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, assuming the Plan continues in effect and all assumptions about future events are fulfilled.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is expected to be funded by contributions from the Plan's participating employers and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected dates of payment.

Significant assumptions include assumptions for healthcare trend rates and:

Discount rates 5.52% for 2024; 4.82% for 2023 (based on AA corporate bond rates)

Mortality 2024: Healthy Participant Mortality: 90% of the PRI-2012 Blue Collar Dataset Employee/Retiree Amount-Weighted /mortality Tables (sex specific) with Projection Scale MP-2021.
 2023: Healthy Participant Mortality: PRI-2012 Blue Collar Dataset Employee/Retiree Amount Weighted Mortality Tables (sex specific) with Projection Scale MP-2021.
 Disabled Participant Mortality: PRI-2012 Disabled Amount-Weighted / mortality Tables (sex specific) with Projection Scale MP-2021.

Retirement rate assumptions are related to age. Annual rates are as follows:

2024		2023	
Age	Rate	Age	Rate
55–61	1 %	55–61	1 %
62–64	10	62–64	10
65–70	20	65–70	20
71	55	71 & over	100
72-74	30		
75 & over	100		

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's benefit obligations.

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	2023
Amounts currently payable:		
Claims payable, claims incurred but not reported and other benefit obligations*	\$ 42,522,625	38,163,088
Post-employment benefit obligations, net of amounts currently payable:		
Accumulated eligibility credits	7,092,000	6,718,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	39,606,642	43,343,610
Other participants fully eligible for benefits	11,768,866	12,750,017
Participants not fully eligible for benefits	46,557,929	47,975,599
	<u>97,933,437</u>	<u>104,069,226</u>
Total benefit obligations	<u>\$ 147,548,062</u>	<u>148,950,314</u>

*As of December 31, 2024 and 2023, claims payable include reserves related to the Medicaid Reclamation Prescription drug claims in the amount of approximately \$510,000 and \$503,000, medical claims of approximately \$1,929,000 and hospital claims of approximately \$2,328,000, respectively. Such amounts represent management's best estimate but could vary from what is ultimately paid.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

Changes in benefit obligations:

	December 31	
	2024	2023
Amounts currently payable:		
Balance at beginning of year	\$ 38,163,088	40,263,549
Benefits reported and approved for payment including benefits reclassified from benefit obligations	198,226,809	180,055,570
Benefits paid	<u>(193,867,272)</u>	<u>(182,156,031)</u>
Balance at end of year	<u>42,522,625</u>	<u>38,163,088</u>
Post-employment benefit obligations, net of amounts currently payable:		
Balance at beginning of year	6,718,000	7,174,000
Net change during the year	<u>374,000</u>	<u>(456,000)</u>
Balance at end of year	<u>7,092,000</u>	<u>6,718,000</u>
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	104,069,226	103,107,213
Increase (decrease) due to:		
Actuarial assumptions	(5,034,424)	2,608,314
All other changes	<u>(1,101,365)</u>	<u>(1,646,301)</u>
Balance at end of year	<u>97,933,437</u>	<u>104,069,226</u>
Total benefit obligations at end of year	<u>\$ 147,548,062</u>	<u>148,950,314</u>

The net change in post-employment benefit obligations in 2024 includes the net effect of the following:

- Per capita claims were updated to reflect updated experience. This resulted in a decrease in reserves.
- Healthcare cost trend was updated to reflect current expectations, resulting in an increase in reserves.
- The retirement rates were updated to reflect updated experience, resulting in no change in reserve.
- The mortality rates were updated to reflect more recent experience, resulting in a slight increase in reserves.
- The discount rate increased from 4.57% to 5.16%, reflecting changes inherent in market data since the prior measurement resulting in a decrease in reserves.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

Changes in assumptions related to postretirement benefit obligation (PRBO) reflect the following increases/(decreases) as of December 31, 2024 and 2023:

- Change in the discount rate resulting in an (decrease)/increase of \$(10,850,217) and \$2,962,343 respectively.
- Healthcare cost trend updates to reflect current expectations resulting in an increase/(decrease) of \$1,439,941 and \$(354,029), respectively.
- Change in retirement and mortality rates to reflect more recent experience resulted in an increase of \$4,375,852 and \$0 as of December 31, 2024 and 2023, respectively.

The impact of a 1% increase in the healthcare cost trend assumptions would increase the Fund's postretirement obligations by \$16,655,274 as of December 31, 2024 and by \$17,260,405 as of December 31, 2023.

(4) Investments and Fair Value Measurements

The Fund's investments are managed by various investment managers as applicable and are held principally by the Northern Trust Company as the custodian.

For the years ended December 31, 2024 and 2023, the net appreciation in fair values, (including from those bought, sold, as well as held during the year) are as follows:

	<u>2024</u>	<u>2023</u>
Short term investments and other	\$ 1,922	150
Total	\$ <u>1,922</u>	<u>150</u>

The following individual investments represent 5% or more of the Fund's net assets available for benefits at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Northern Institutional Government Select Portfolio	\$ 135,089,296	*

* Represents less than 5% of net assets as of the period indicated.

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In estimating the fair value of investments, management generally uses third party pricing sources. In substantiating the reasonableness of the pricing data, management evaluates the number of pricing sources, how current or stale the price is, pricing comparisons to portfolio managers and the custodian bank, and execution prices compared to prior day closing prices.

Below is a description of the valuation methodologies used for assets measured at fair value. There were no changes in valuation methodologies used to measure the fair value of the Plan’s investments as of and for the years ended December 31, 2024 and 2023.

Short-term investment funds are investments in collective investment funds. In general, short-term investments are carried at amortized cost, which approximates fair value. The costs at fair value are reported by the administrator using the net asset value (NAV) of \$1.00 (cost approximates fair value), based on the cost in fair value of the underlying investment. The funds are redeemable daily.

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

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

	2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 152,089,296	—	—	152,089,296
Total	<u>\$ 152,089,296</u>	<u>—</u>	<u>—</u>	<u>152,089,296</u>

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 3,923,797	—	—	3,923,797
Total	\$ 3,923,797	—	—	3,923,797

(5) Revolving Line of Credit

The Fund entered into a \$12 million two-year revolving line of credit agreement with Amalgamated bank, with an original maturity date of November 16, 2024. On November 16, 2024 the maturity date was extended to November 16, 2026.

The purpose of the line is to provide liquidity and ensure the payment of benefits as they become due. The borrowing base of this line is the lesser of \$12 million or the sum of up to 65% of the value of eligible contributions. Any amount borrowed bears interest at a rate per annum equal to the greater of (i) the Prime Rate minus one half percent (0.50%) and (ii) two and three quarters percent (2.75%).

The Fund also bears an unused line fee equal to one half of one percent (0.50%) per annum of an amount, if positive, equal to (i) the Maximum Revolving Amount minus (ii) the average daily Revolver Usage.

There was no outstanding balance as of December 31, 2024 and 2023.

(6) Tax Status

The Fund received a determination letter from the Internal Revenue Service dated March 12, 1987 stating that the Fund is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (Code) as a Voluntary Employee Beneficiary Association. The Fund is required to operate in conformity with the Code to maintain the tax-exempt status. The Fund has been amended since receiving the determination letter. However, the Fund’s management and legal counsel believe that the Fund currently is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Fund is tax-exempt. U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to federal income tax examinations for years prior to 2021.

(7) 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. 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.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(8) Benefits Paid

Benefit payments for the years ended December 31, 2024 and 2023 consist of the following:

	<u>2024</u>	<u>2023</u>
Net benefits:		
Hospital and health	\$ 193,295,256	181,072,418
Life insurance and accidental death	202,312	768,432
Other	369,704	315,181
	<u>\$ 193,867,272</u>	<u>182,156,031</u>

(9) Related Party Transactions

The Fund, the 1199SEIU Greater New York Pension Fund (the GNYPF), and certain other related 1199SEIU Funds (collectively the Related Funds) are administered by the same management personnel and share the same office space as well as personnel and other administrative services.

Administrative expenses are paid by NBF for all plans. 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 \$12.3 million and \$12.5 million, respectively. These amounts include allocated rent of \$1.2 million and \$1.5 million for the years ended December 31, 2024 and 2023, respectively.

Due from related entities includes Enhanced ATI Funding due to the Fund from NBF for a total of \$27.8 and \$29.0 million as of December 31, 2024 and 2023, respectively.

(10) 3BF

A lease agreement (the "498 Lease Agreement") was entered into between 498 SEVENTH, LLC (George Comfort & Sons, Inc.) and M2M Holdings LLC ("M2M"), a wholly owned subsidiary of NBF, for office space. In connection with the occupancy of the lease space [note: this should be included in HCBF notes also], a Limited Liability Company called 3BF Partners LLC ("3BF") was formed. The members of 3BF are: i) the Fund, ii) NBF and iii) 1199SEIU National Benefit Fund for Home Care Employees ("HCBF"). 3BF subleases a portion of the space covered by the 498 lease agreement. The support staff of the Fund occupy a portion of the leased space, and accordingly, M2M allocates a portion of the rent expenses to the Fund. In addition, the members remit their respective share of real estate build out costs incurred for the lease to 3BF. 3BF incurred real estate build out costs of approximately \$99 million as of December 31, 2024 and 2023, respectively. The Fund's allocated portion of the build out costs is \$9.6 million as of December 31, 2024 and 2023, representing approximately 9.8% of the total costs incurred. NBF and HCBF each has been allocated the remaining costs. The build-out costs started depreciation in 2020 when the assets were placed in service and are being depreciated over the shorter of the lease term or their useful lives. The Fund's 3BF balance has been reduced by the allocated share of accumulated depreciation in the amount of \$2.5 million and \$1.9 million as of December 31, 2024 and 2023, respectively, for a net amount of \$7.1 million and \$7.7 million as of December 31, 2024 and 2023, respectively.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(11) Concentration of Credit Risk

Financial instruments that subject the Fund to concentration of credit risk include cash and short-term investments. The Fund maintains accounts at several financial institutions. 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.

As of December 31, 2024 and 2023, no one group of organizations represented more than 10% of the Fund's total gross employer contribution receivable.

All of the Fund's investments are custodied by one financial institution. Management's opinion is that the financial institution used by the Fund does not constitute a significant risk to the Fund.

(12) 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 as well as estimated future conditions, 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. Examples of some of the more significant assumptions and estimates are as follows.

Due to various risks (e.g., interest rate, market and credit risks) associated with investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term that could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Due to COVID-19 emergency, effective March 24, 2020, a resolution was executed that temporarily amended the Plan to waive the application of the Suspension of Benefits rule to Returning Retirees. This temporary amendment was temporarily extended to cover through Plan year 2023 due to the shortage of healthcare workers in the State of New York. The temporary amendment expired at the end of the 2023 plan year.

In February 2024, Change Healthcare, a subsidiary of UnitedHealth Group, determined it had been the victim of cyberattack and recommended all users of their software disconnect to prevent further impact. The Fund utilized Change Healthcare for certain facets of its benefits operations, including benefit payments. This incident resulted in a temporary disruption in benefit payments. All payment processing was restored in April 2024.

1199SEIU GREATER NEW YORK BENEFIT FUND

Notes to Financial Statements

December 31, 2024 and 2023

(13) Reconciliation of Financial Statements to Form 5500

The following table reconciles net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 263,412,357	175,905,090
Less claims payable, claims incurred but not reported, and other benefit obligations	<u>(42,522,625)</u>	<u>(38,163,088)</u>
Net assets available for benefits per Form 5500	<u>\$ 220,889,732</u>	<u>137,742,002</u>

Claims payable, claims incurred but not reported and other benefit obligations are recorded as benefit obligations for the financial statement purposes but are recorded as liabilities per Form 5500 purposes.

The following table reconciles benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid per the financial statements	\$ 193,867,272	182,156,031
Add claims payable, claims incurred but not reported, and other benefit obligations at end of year	42,522,625	38,163,088
Less claims payable, claims incurred but not reported, and other benefit obligations at beginning of year	<u>(38,163,088)</u>	<u>(40,263,549)</u>
Benefits paid per Form 5500	<u>\$ 198,226,809</u>	<u>180,055,570</u>

(14) Subsequent Events

Subsequent to December 31, 2024 and through October 15, 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

11995EIU GREATER NEW YORK BENEFIT FUND

Schedule H - Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)			
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value
	Short-term investments						
	DEFAULT ISSUER	United States dollar	0.00%		-	\$ 17,000,000	\$ 17,000,000
*	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		135,089,296	135,089,296	135,089,296
*	NORTHERN TRUST CORPORATION	Hong Kong dollar - Cash	0.00%		-	-	-
*	NORTHERN TRUST CORPORATION	Hungarian forint - Cash			-	-	-
	Short-term investments total				<u>135,089,296</u>	<u>\$ 152,089,296</u>	<u>\$ 152,089,296</u>
					<u>135,089,296</u>	<u>\$ 152,089,296</u>	<u>\$ 152,089,296</u>
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		12,721,188	\$ 12,721,188	\$ 12,721,188
	Interest bearing cash total				<u>12,721,188</u>	<u>\$ 12,721,188</u>	<u>\$ 12,721,188</u>
					<u>12,721,188</u>	<u>\$ 12,721,188</u>	<u>\$ 12,721,188</u>
	Total assets held				<u>147,810,484</u>	<u>\$ 164,810,484</u>	<u>\$ 164,810,484</u>
					<u>147,810,484</u>	<u>\$ 164,810,484</u>	<u>\$ 164,810,484</u>

* Party-in-interest

See accompanying independent auditors' report

1199SEIU Greater New York Benefit Fund

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
CF AMAL BK MKT CHECKING A/C	Acquisitions	145	\$ 229,313,543	-	\$ -	\$ 229,313,543	\$ 229,313,543	-
CF AMAL BK MKT CHECKING A/C	Dispositions	-	-	106	(228,107,166)	228,107,166	228,107,166	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	65	152,419,021	-	-	152,419,021	152,419,021	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	-	12	(17,453,522)	17,453,522	17,453,522	-

See accompanying independent auditors' report

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

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

1a Name of plan	1b Three-digit plan number (PN) ▶	<u>501</u>
<u>1199 SEIU GREATER NEW YORK BENEFIT FUND</u>	1c Effective date of plan	<u>05/26/1958</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)	2b Employer Identification Number (EIN)	<u>13-6125570</u>
	2c Plan Sponsor's telephone number	<u>646-473-6656</u>
	2d Business code (see instructions)	<u>623000</u>
	<u>BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK BENEFIT FUND</u>	
<u>P.O. BOX 842 NEW YORK, NY 10108</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		<u>10/15/2025</u>	<u>DONNA REY</u>
	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 13-6125570
	3c Administrator's telephone number 646-473-6656

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 18942
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	6a(1) 16159
a(2) Total number of active participants at the end of the plan year	6a(2) 17005
b Retired or separated participants receiving benefits	6b 2809
c Other retired or separated participants entitled to future benefits.	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 19814
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

1199SEIU Greater New York Benefit Fund

Schedule H - Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
CF AMAL BK MKT CHECKING A/C	Acquisitions	145	\$ 229,313,543	-	\$ -	\$ 229,313,543	\$ 229,313,543	-
CF AMAL BK MKT CHECKING A/C	Dispositions	-	-	106	(228,107,166)	228,107,166	228,107,166	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	65	152,419,021	-	-	152,419,021	152,419,021	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	-	12	(17,453,522)	17,453,522	17,453,522	-

See accompanying independent auditors' report

11995EIU GREATER NEW YORK BENEFIT FUND

Schedule H - Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)			
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value
	Short-term investments						
	DEFAULT ISSUER	United States dollar	0.00%		-	\$ 17,000,000	\$ 17,000,000
*	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		135,089,296	135,089,296	135,089,296
*	NORTHERN TRUST CORPORATION	Hong Kong dollar - Cash	0.00%		-	-	-
*	NORTHERN TRUST CORPORATION	Hungarian forint - Cash			-	-	-
	Short-term investments total				<u>135,089,296</u>	<u>\$ 152,089,296</u>	<u>\$ 152,089,296</u>
					<u>135,089,296</u>	<u>\$ 152,089,296</u>	<u>\$ 152,089,296</u>
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		12,721,188	\$ 12,721,188	\$ 12,721,188
	Interest bearing cash total				<u>12,721,188</u>	<u>\$ 12,721,188</u>	<u>\$ 12,721,188</u>
					<u>12,721,188</u>	<u>\$ 12,721,188</u>	<u>\$ 12,721,188</u>
	Total assets held				<u>147,810,484</u>	<u>\$ 164,810,484</u>	<u>\$ 164,810,484</u>
					<u>147,810,484</u>	<u>\$ 164,810,484</u>	<u>\$ 164,810,484</u>

* Party-in-interest

See accompanying independent auditors' report