

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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 [X] 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 1199SEIU HOME CARE EMPLOYEES PENSION FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/01/1997
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 THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND
P.O. BOX 842 NEW YORK, NY 10108
2b Employer Identification Number (EIN) 13-3943904
2c Plan Sponsor's telephone number 646-473-6656
2d Business code (see instructions) 621610

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	97338
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	32875
	<b>6a(2)</b>	31389
	<b>6b</b>	32333
	<b>6c</b>	32811
	<b>6d</b>	96533
	<b>6e</b>	1577
	<b>6f</b>	98110
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		2403
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	38

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

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

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

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

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

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**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.

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

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**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**

<b>A</b> Name of plan <b>1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>13-3943904</b>

**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  
**PRUDENTIAL INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-1211670</b>	<b>68241</b>	<b>HPF-30105</b>	<b>98110</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	5369936

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

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

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

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

<b>A</b> Name of plan <u>1199SEIU HOME CARE EMPLOYEES PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3943904</u>	

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

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

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>524493387</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>532090441</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>509615913</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>509615913</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>766829395</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>16837900</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>34227272</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>42927272</u>

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

<b>SIGN HERE</b>   <u>AIDA DOMLIJA, FSA, EA, MAAA</u>  <u>SEGAL</u>  <u>66 HUDSON BLVD E, 20TH FLOOR</u> <u>NEW YORK CITY, NY 10001-2192</u>	<u>10/06/2025</u>  <u>23-06955</u>  <u>212-251-5000</u>
Signature of actuary	Date
Type or print name of actuary	Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	524493387
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	31979	295605647
<b>(2)</b> For terminated vested participants .....	29675	275543458
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		10283871
<b>(b)</b> Vested benefits .....		185396419
<b>(c)</b> Total active .....	30576	195680290
<b>(4)</b> Total .....	92230	766829395
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	68.40 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	16996458	0			
			<b>Totals ▶</b>	<b>3(b)</b>	<b>3(c)</b>
				16996458	0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	104.4 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

- a**  Attained age normal      **b**  Entry age normal      **c**  Accrued benefit (unit credit)      **d**  Aggregate
- e**  Frozen initial liability      **f**  Individual level premium      **g**  Individual aggregate      **h**  Shortfall
- i**  Other (specify):

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	A A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 % 7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	8.6 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	13.5 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	8388519
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10899316	-1118398
4	6642442	681593

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	0

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	17156751

**c** Amortization charges as of valuation date:

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

	Outstanding balance	
<b>9c(1)</b>	128925317	19267181
<b>9c(2)</b>	0	0
<b>9c(3)</b>		

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

<b>9d</b>	2549675
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**e** Total charges. Add lines 9a through 9d.....

<b>9e</b>	38973607
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**Credits to funding standard account:**

**f** Prior year credit balance, if any.....

<b>9f</b>	59272515
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**g** Employer contributions. Total from column (b) of line 3.....

<b>9g</b>	16996458
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**h** Amortization credits as of valuation date.....

	Outstanding balance	
<b>9h</b>	92127330	16038538

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

<b>9i</b>	5817077
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**j** Full funding limitation (FFL) and credits:

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

<b>9j(1)</b>	65860417	
<b>9j(2)</b>	172315446	
<b>9j(3)</b>		

**k (1)** Waived funding deficiency .....

<b>9k(1)</b>	
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**(2)** Other credits .....

<b>9k(2)</b>	
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**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	98124588
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	59150981
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

<b>9o(1)</b>	
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date .....

<b>9o(2)(a)</b>	
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

<b>9o(2)(b)</b>	
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(3) Total as of valuation date.....

<b>9o(3)</b>	
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**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	0
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

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

<b>A</b> Name of plan <b>1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3943904</b>	

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

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

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

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

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

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

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

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

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

1199SEIU NATIONAL BENEFIT FUND

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	4729494	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	130080	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)

ALGER

81-3115007

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	182344	Yes <input type="checkbox"/> No <input checked="" 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)

ARTISAN PARTNERS INTERNATIONAL

39-1807188

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	132890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AUTOMATIC DATA PROCESSING, INC.

22-1467904

(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	82197	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)

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	116943	Yes <input type="checkbox"/> No <input checked="" 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 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	23000	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)

DDJ CAPITAL MANAGEMENT, LLC

04-3300754

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	82343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HAMILTON LANE ADVISORS LLC

23-2962336

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	32084	Yes <input type="checkbox"/> No <input checked="" 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)

KAR SMALL CAP VALUE

03-6066130

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	274978	Yes <input type="checkbox"/> No <input checked="" 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	161647	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)

LSV ASSET MANAGEMENT

23-2772200

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	135918	Yes <input type="checkbox"/> No <input checked="" 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)

PENSION BENEFIT INFORMATION, LLC

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	41918	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)

PRISA

20-5717666

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12723	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RBC GLOBAL MANAGEMENT (U.S.)

41-1460668

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	190575	Yes <input type="checkbox"/> No <input checked="" 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)

STATE STREET GLOBAL ADVISORS (SSGA)

04-1867445

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10069	Yes <input type="checkbox"/> No <input checked="" 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	97818	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)

TCW INVESTMENT MANAGEMENT COMPANY

93-0939400

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	75171	Yes <input type="checkbox"/> No <input checked="" 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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	36500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY (EASTERN STATES)

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	113270	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)

TOWNSEND GROUP, THE

34-1537656

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	104128	Yes <input type="checkbox"/> No <input checked="" 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)

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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?
52	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	73575	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	12045	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>1199SEIU HOME CARE EMPLOYEES PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3943904</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF DDJ HIGH YIELD GT FUND

**b** Name of sponsor of entity listed in (a): DDJ CAPITAL MANAGEMENT

<b>c</b> EIN-PN <u>25-6078093-023</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20105134</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF JPMCB STRATEGIC PROPERTY FUND

**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE & CO

<b>c</b> EIN-PN <u>13-6038770-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5323591</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF PRUDENTIAL PRISA SA

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA

<b>c</b> EIN-PN <u>22-1211670-038</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5641519</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA S&P 500 FLAGSHIP NL (CM13)

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

<b>c</b> EIN-PN <u>90-0337987-124</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46221509</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF TCW EMERGING MARKETS FIXED INCOM

**b** Name of sponsor of entity listed in (a): TCW INVESTMENT MANAGEMENT COMPANY

<b>c</b> EIN-PN <u>26-3015340-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19122882</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF WA FLOATING RATE HIGH INCOME FD

**b** Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

<b>c</b> EIN-PN <u>20-0219988-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1678347</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF WA OPPORTUNISTIC US HIGH YIELD

**b** Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

<b>c</b> EIN-PN <u>04-3500652-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1523966</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CF WA EMG CORP CREDIT LLC**

**b** Name of sponsor of entity listed in (a): **WESTERN ASSET MANAGEMENT COMPANY**

<b>c</b> EIN-PN <b>26-1592491-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>254457</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CF WESTN AST EMERGING MKTS LCL DEBT**

**b** Name of sponsor of entity listed in (a): **WESTERN ASSET MANAGEMENT COMPANY**

<b>c</b> EIN-PN <b>20-4251957-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2273200</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CF WA US CORE BOND LLC**

**b** Name of sponsor of entity listed in (a): **WESTERN ASSET MANAGEMENT COMPANY**

<b>c</b> EIN-PN <b>20-0219111-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>44862113</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **HIPEP VII PARTNERSHIP FUND LP**

**b** Name of sponsor of entity listed in (a): **HARBOURVEST PARTNERS, LLC**

<b>c</b> EIN-PN <b>98-1161038-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3679572</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTGI COLLECTIVE GOVERNMENT SHORT TE**

**b** Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

<b>c</b> EIN-PN <b>36-6036794-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10799725</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

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**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3943904</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1261056	2007184
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3295818	3563914
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2174932	4831512
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	201402729	220616750
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	34286882	112511825
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	113759054	101572841
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	6720487	5641519
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	57045974	50592083
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	134030554	67855262

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	553977486	569192890
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	25132677	891397
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	4351422	1355574
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	29484099	2246971
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	524493387	566945919

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	16980737	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		16980737
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5198280	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5198280
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	58104021	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)	
<b>c</b> Other income .....	2c	1304762
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	81587800

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	30591001
(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)	30591001
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	233308
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	1474912
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	161647
(5) Investment advisory and investment management fees .....	2i(5)	1872526
(6) Bank or trust company trustee/custodial fees .....	2i(6)	917
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	4800957
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	8310959
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	39135268

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	42452532
<b>l</b> 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556145.

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

<b>A</b> Name of plan <b>1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3943904</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>1778</b>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	<b>0</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<b>0</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **PREMIER HOME HEALTHCARE SERVICES, INC**

**b** EIN **13-3452656** **c** Dollar amount contributed by employer **2239672**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.40**

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

**a** Name of contributing employer **BESTCARE INC**

**b** EIN **13-3121904** **c** Dollar amount contributed by employer **1385813**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.40**

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

**a** Name of contributing employer **PERSONAL-TOUCH HOME CARE OF N.Y. INC**

**b** EIN **11-2339876** **c** Dollar amount contributed by employer **1082506**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.40**

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

**a** Name of contributing employer **SPECIAL TOUCH HOME CARE SERVICES INC**

**b** EIN **11-2746028** **c** Dollar amount contributed by employer **1120389**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.40**

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

**a** Name of contributing employer **ALL METRO HEALTH CARE INC**

**b** EIN **84-1623916** **c** Dollar amount contributed by employer **1373353**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **0.40**

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	13116
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	13116
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	13116

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	1.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	1.00

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 51.0 % Private Equity: 20.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: 8.0 % Cash or Cash Equivalents: 2.0 % Other: 6.0 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation. \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule MB, line 8b(2)</b> <b>Schedule of Active Participant Data</b>	<b>2024</b> <hr/> This Form is Open to Public Inspection
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<b>Name of Plan</b>	1199SEIU HOME CARE EMPLOYEES PENSION FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	13-3943904	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	1199SEIU HOME CARE EMPLOYEES PENSION FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	13-3943904	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	1199SEIU HOME CARE EMPLOYEES PENSION FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	13-3943904	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						











**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

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

## Independent Auditors' Report

The Board of Trustees  
1199SEIU Home Care Employees Pension Fund:

### *Opinion*

We have audited the financial statements of 1199SEIU Home Care Employees Pension 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 HOME CARE EMPLOYEES PENSION FUND**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets:</b>		
Investments, at fair value (note 4)	\$ 558,687,299	546,938,175
Cash	2,007,184	1,261,056
<b>Receivables:</b>		
Employers' contributions (net of allowance for doubtful accounts of \$228,002 and \$231,368 for 2024 and 2023, respectively) (notes 2(f), 2(g) and 2(h))	3,563,914	3,295,818
Due from related entities	3,264,266	802,979
Due from brokers for securities sold	862,949	841,224
Accrued investment income	<u>704,297</u>	<u>530,729</u>
Total receivables	8,395,426	5,470,750
Prepaid and other assets	<u>102,981</u>	<u>307,505</u>
Total assets	<u>569,192,890</u>	<u>553,977,486</u>
<b>Liabilities:</b>		
Due to brokers for securities purchased	660,100	1,428,743
Obligation under securities lending agreement (note 5)	695,474	2,922,679
Revolving line of credit (note 6)	—	24,200,000
Accounts payable and accrued expenses	<u>891,397</u>	<u>932,677</u>
Total liabilities	<u>2,246,971</u>	<u>29,484,099</u>
Net assets available for benefits	\$ <u>566,945,919</u>	<u>524,493,387</u>

See accompanying notes to financial statements.

**1199SEIU HOME CARE EMPLOYEES PENSION 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 attributable to:		
Investment income:		
Net appreciation in fair value of investments (note 4)	\$ 58,104,021	60,365,245
Interest and dividends	5,198,280	4,123,910
Income from securities lending program	6,124	11,232
Income from real estate investments	<u>1,266,308</u>	<u>1,529,490</u>
	64,574,733	66,029,877
Less:		
Investment expenses	1,872,526	1,363,588
Securities lending fees	<u>917</u>	<u>1,682</u>
Net investment income (loss)	62,701,290	64,664,607
Employer contributions	16,980,737	16,217,784
Interest and charges – employer delinquencies	15,721	19,544
Other income	<u>16,609</u>	<u>34,903</u>
Total additions	<u>79,714,357</u>	<u>80,936,838</u>
Deductions from net assets available for benefits:		
Benefits paid to participants	30,591,001	28,787,701
Administrative and general expenses	6,437,516	8,272,310
Interest and fees	<u>233,308</u>	<u>1,163,404</u>
Total deductions	<u>37,261,825</u>	<u>38,223,415</u>
Net increase	42,452,532	42,713,423
Net assets available for benefits:		
Beginning of year	<u>524,493,387</u>	<u>481,779,964</u>
End of year	\$ <u><u>566,945,919</u></u>	\$ <u><u>524,493,387</u></u>

See accompanying notes to financial statements.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (1) Description of the Fund

The following brief description of the 1199SEIU Home Care Employees Pension Fund (the Fund or Plan) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan provisions. Copies of the Plan documents are available from the Fund.

#### (a) General

The Plan, which was established in April 1997, is a noncontributory, multiemployer (Taft-Hartley), defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by a Board of Trustees (the Trustees) with equal representation of the contributing employers and the 1199SEIU United Healthcare Workers East (the Union).

#### (b) Pension Protection Act Funding Status

As of January 1, 2025, based on certain actuarial assumptions, participant and financial data, and certain Fund provisions, the Fund's actuary certified that the Fund was neither critical nor endangered as defined in the Pension Protection Act of 2006.

#### (c) Pension Benefits

Retirement benefits are based upon the value of a pension credit established in the Plan document (which depends on the date the participant last worked in covered employment), the participant's age at retirement and the number of pension credits earned, except for disability pension benefits where, in general, age is not a factor.

An employee becomes eligible to participate in the Plan on the earlier of January 1 or July 1 following completion of at least 1,000 hours of service (during a 12-consecutive month period) in covered employment for an employer contributing to the Fund.

Covered employment means all employment with the employer after the "contribution date" (i.e., the date that the employer was first required to make contributions to this Plan on the participant's behalf). Certain employment prior to the contribution date also may be counted for past service credit.

Pension credits are granted based on hours of service in covered employment during the calendar year. Starting on January 1, 2002, a participant earns one pension credit if the participant works at least 1,000 hours of covered employment during a calendar year. If the participant is vested, and leaves covered employment before reaching retirement age, he or she is still entitled to a "Vested Pension" when the participant reaches retirement age. To receive a Vested Pension, the participant must:

- Have at least 5 pension credits before leaving covered employment (or at least 10 pension credits if separated from service prior to January 1, 1997); and
- Be at least age 55 with 10 pension credits, or be at normal retirement age; and
- Have earned at least 1/4 pension credit during the contribution period.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

The following types of pensions are provided under the Plan:

*Regular Pension* – Participants are eligible to retire on a regular pension if they are 65 years of age or older and have earned at least 25 pension credits. The regular pension monthly payment is computed by multiplying 25 pension credits by the value of the pension credit, which is \$5.60, as established in the Plan document.

*Reduced Pension* – Participants are eligible to retire on a reduced pension if they are 65 years of age or older and have earned at least 10, but less than 25, pension credits. The reduced pension monthly payment is calculated by multiplying the number of pension credits earned by the value of the pension credit as established in the Plan document.

*Early Retirement Pension* – Participants are also eligible to retire on an early retirement pension, if they are at least 55 years of age and have earned at least 10 pension credits. The amount of the early retirement pension is the amount that the participant would be eligible to receive under a regular pension, reduced by 0.5% for each month that the participant is younger than age 65.

*Disability Pension* – Participants may qualify for a disability pension benefit if, a) they have at least 10 pension credits, b) they received a social security disability award, c) they worked in covered employment for at least 1,000 hours in the period consisting of the calendar year in which the participant became disabled and the previous calendar year, and d) the disability is the result of a condition or event that occurred while the participant was working in covered employment. The monthly amount of the disability pension is calculated in the same way as the early retirement pension. If the participant is younger than age 55, the benefit amount will be calculated on the assumption that the participant was age 55 on the effective date of the pension.

There are four pension benefit payment options: a) joint and 50% survivor annuity option, b) joint and 75% survivor annuity option, c) life annuity with 60 payments guaranteed option, and d) single lump sum option if the monthly benefit is greater than \$10 but less than or equal to \$20, or if it is less than or equal to \$10 (but only if the actuarial present value of the benefit exceeds \$1,000). If the monthly benefit is less than or equal to \$10 and if the actuarial present value of the benefit is less than or equal to \$1,000, a single lump sum benefit must be paid under the Plan.

Effective January 1, 2015, the Plan document was amended and restated as follows:

*a. Pension credit Prior to January 1, 2002*

A Participant who was a participant in either this Fund or the 1199 Home Care Industry Pension Fund prior to January 1, 2002, shall be credited with the Pension Credits with which they had been credited as of December 31, 2001.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

*b. Pension credit on and After January 1, 2002*

Other than as noted in the exception below, a participant is credited with pension credit on or after January 1, 2002, in accordance with the following schedule:

<u>Hours of service in covered employment during a calendar year</u>	<u>Pension credit</u>
250–499 hours	¼ (0.25)
500–749 hours	½ (0.50)
750–999 hours	¾ (0.75)
1,000 or more hours	1

Once a Participant has accumulated 5 pension credits, the right to receive a pension benefit shall be nonforfeitable.

Exception: The maximum aggregate accrual for a participant for plan years 2012 and 2013 is the greater of: (a) .75 pension credits or (b) the amount of pension credit accrued on and after January 1, 2012 and prior to June 1, 2012. Notwithstanding anything herein to the contrary, the maximum aggregate benefit accrual for a Participant for Plan year 2014 is .25 pension credits.

**(d) Funding**

The Fund's primary sources of income are from earnings from investments and from payments made by contributing employers pursuant to collective bargaining agreements entered between the participating employers and the Union. The Fund's contributions for 2024 and 2023 exceeded the minimum funding requirement of ERISA.

The actuarial cost method for funding purposes is the Unit Credit Actuarial Cost Method.

As the Fund is a multiemployer plan, costs are calculated on a pooled basis.

**(e) Plan Termination**

In the event that the Fund terminates in whole or in part, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations. The Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) guarantees certain benefits up to certain applicable limitations. The PBGC's guarantee for multiemployer pension plan benefits depends on the type of benefit, the dollar amount of the benefit, and the date on which the benefit provision was adopted. There are generally three limits that apply to multiemployer pension benefits:

**Accrued at normal retirement age** – PBGC guarantees only up to the monthly amount that the participant's multiemployer plan would have paid the participant as a single-life annuity starting at normal retirement age. (A single-life annuity pays benefits, typically monthly, based on the age and other characteristics of only one person. Examples include annuities that will pay only one person (a straight-life annuity), and annuities that in some cases pay a surviving beneficiary after the person dies (a certain-and-continuous annuity).) PBGC cannot guarantee the portion of any combined early retirement benefit and temporary supplemental benefit that is above this amount.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

**Phase-in of guarantee (60-month rule)** – PBGC does not guarantee a participant's pension benefit or benefit increase until it has been part of the plan for 60 full months.

If the multiemployer plan was insolvent or terminated by mass withdrawal in any month, that month does not count toward the 60-month requirement.

**Guarantee** – Generally, PBGC's guarantee is based on a pension for each year of service a person earns under his or her pension plan. As a monthly benefit amount, PBGC guarantees payment equal to:

- 100% of the first \$11 of the monthly benefit rate, plus 75% of the next \$33 of the monthly benefit rate,
- times the participant's years of credited service.

The guaranteed monthly benefit, therefore, is limited to \$35.75 per month ( $\$11 \times 100\% + (\$33 \times 75\%) = \$35.75$ ) times a participant's year of credited service. The guaranteed benefit is not adjusted for inflation or cost-of-living increases.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations. It may also depend on the financial condition of the Fund and the level of benefits guaranteed by PBGC.

### (2) Significant Accounting Policies

#### (a) Basis of Accounting

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

#### (b) Cash

Cash consists of cash held in 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 those 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 includes amounts for securities sold but not yet settled at year end and due to brokers includes amounts for securities purchased but not yet settled at year end.

## 1199SEIU HOME CARE EMPLOYEES PENSION 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 and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and accompanying notes. Actual results could differ from those estimates.

### **(e) Payment of Benefits**

Benefit payments to participants are recorded when paid.

### **(f) Employer Contributions**

It is the Fund's policy to recognize contribution revenue based on the latest executed collective bargaining agreement on an individual employer basis. Accordingly, if certain employers have yet to sign contracts under a new collective bargaining agreement, contribution revenue is recorded based on the rates of the latest signed agreement. Contributions from employers are based on hourly employer contribution rates of the participating employers' monthly payroll for covered employees and are payable to the Fund the subsequent month. The Fund recognizes contributions as revenue as these payroll costs are incurred by the employer.

Further, employer contributions to the Fund are due no later than sixty (60) days after the end of the month in which hours are worked.

The Trustees approve agreements between Contributing Employers and the Union providing for a contribution rate of no less than \$0.36 per hour on all hours worked excluding overtime hours worked.

### **(g) Receivables and Liabilities**

The carrying value of receivables and liabilities approximate fair value.

### **(h) Allowance for Doubtful Accounts**

Management of the Fund evaluates employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024, and 2023, the allowance for doubtful accounts consists of a specific and general reserve in the amount of \$228,002 and \$231,368, respectively.

The Fund complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Fund. As adopted by the Trustees, withdrawals after April 10, 2003, are determined using the One Pool (Rolling Five) method. There was no withdrawal liability assessed as of December 31, 2024, and 2023, respectively.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

### (3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Fund's provisions to services rendered by participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries. The Fund's independent actuary has estimated the Fund's actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

Actuarial present value of accumulated plan benefit information at December 31, 2023 (the date such information was last prepared) is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 230,174,650
Other participants	274,288,352
Nonvested benefits	<u>5,152,911</u>
Total	<u>\$ 509,615,913</u>

Changes in actuarial present value of accumulated Plan benefits during the year beginning January 1, 2023 and ending December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 490,883,571
Benefits accumulated, net of experience gain or loss and changes in data	7,607,285
Benefits paid	(28,787,701)
Interest	33,270,316
Change in actuarial assumptions	<u>6,642,442</u>
Net increase	<u>18,732,342</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 509,615,913</u>

For the January 1, 2024 actuarial valuation, there were changes in assumptions related to mortality.

**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

Notes to Financial Statements

December 31, 2024 and 2023

Significant assumptions used by the Fund's actuary in determining the accumulated Plan benefit information as of December 31, 2023, were as follows:

Interest rate: 7.00 %

Annual retirement rates:	<u>Age*</u>	<u>Active participants</u>	<u>Inactive participants</u>
	55–61	1 %	5 %
	62–64	5	10
	65	15	25
	66	15	15
	67–70	10	10
	71 and over *If eligible	100	100

Mortality rates:

Healthy	95% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex-specific), projected generationally from 2012 using Scale MP-2021.
Disabled	Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.
Contingent survivor	95% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.

These actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits.

**(4) Investments and Fair Value Measurements**

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

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

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

	<b>2024</b>	<b>2023</b>
Equities and other	\$ 36,013,019	26,912,722
Common collective and other trusts	15,013,357	33,076,961
Hedge funds	3,302,517	3,102,361
Real estate investments	(2,599,161)	(8,560,871)
Private equity funds	6,449,227	5,788,533
Short term investments	(74,938)	45,539
Total	\$ 58,104,021	60,365,245

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

	<b>2024</b>	<b>2023</b>
Grosvenor Faria Fund, LP	\$ 33,159,857	34,857,340
Western Asset US Core Bond, LLC	44,862,113	47,075,107
SSGA S & P 500 Flagship Fund	46,221,509	56,929,905

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;
- 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.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

A financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used 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 investments* are investments in collective investment funds and invested cash. In general, short-term investments are carried at amortized cost, which approximates fair value. The amortized costs at fair value are reported by the administrator using the net asset value of \$1.00, based on the cost which approximates fair value of the underlying investment.

*Cash collateral received and reinvested in short-term securities under a securities lending agreement* consists of the Fund's share in a pooled investment fund where the Northern Trust Company (the Agent) invests the cash collateral received on behalf of the Fund for its participation in the securities lending program. The Fund's share of the pooled investment fund is valued at amortized cost, which approximates fair value. Amortized cost of the securities in the pooled investment fund generally approximates fair values due to the short-term nature of the securities (see note 5).

*Common stocks and other equities* are traded on a national securities exchange and are valued at the last reported sales price on the last business day of the year. Common stock traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices.

*Investments in common collective trusts, hedge funds, private equity funds and real estate investment funds* are valued as determined by the administrators or general partners, using the net asset value of the funds and trust. The net asset value (NAV) is based on the fair market values and estimated fair values of the underlying investments in the portfolio.

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.

**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

Notes to Financial Statements

December 31, 2024 and 2023

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

	<b>2024</b>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 12,096,514	—	—	12,096,514
Common stocks and other equities*	220,423,289	—	193,461	220,616,750
Common collective trusts	65,344,391	70,697,217	—	136,041,608
Cash collateral received and reinvested in short-term securities under the securities lending agreement	—	695,474	—	695,474
Total	<u>\$ 297,864,194</u>	<u>71,392,691</u>	<u>193,461</u>	<u>369,450,346</u>
Investments measured at net asset value**:				
Hedge funds				33,159,857
Private equity funds				112,511,825
Real estate investment funds				<u>43,565,271</u>
Total				<u>189,236,953</u>
Total investments				<u>\$ 558,687,299</u>

**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

Notes to Financial Statements

December 31, 2024 and 2023

	<b>2023</b>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Short-term investments:				
Cash and cash equivalents	\$ 11,075,421	—	—	11,075,421
Common stocks and other equities*	201,131,645	—	271,084	201,402,729
Common collective trusts	76,566,712	73,458,102	—	150,024,814
Cash collateral received and reinvested in short-term securities under the securities lending agreement	—	2,922,679	—	2,922,679
Total	<u>\$ 288,773,778</u>	<u>76,380,781</u>	<u>271,084</u>	<u>365,425,643</u>
Investments measured at net asset value**:				
Hedge funds				34,857,340
Private equity funds				99,403,438
Real estate investment funds				<u>47,251,754</u>
Total				<u>181,512,532</u>
Total investments				<u>\$ 546,938,175</u>

\* Includes securities pledged to creditors pursuant to securities lending program (see note 5) and \$0.0 million and \$24.2 million that secures borrowings under the line of credit (see note 6), respectively, at December 31, 2024 and 2023.

\*\* In accordance with U.S. GAAP certain investments that are measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

December 31, 2024 and 2023

The following table represents a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

Level 3 Assets								
Year ended December 31, 2024								
	Balance December 31, 2023	Transfer (to)/ from level 1/2	Realized gains/(losses)	Change in unrealized gains/(losses)	Purchases	Sales	Other settlements issuance receipts and disbursements	Balance December 31, 2024
Equities	\$ 271,084		(292,460)	252,771	—	(37,934)	—	193,461
	<u>\$ 271,084</u>	<u>—</u>	<u>(292,460)</u>	<u>252,771</u>	<u>—</u>	<u>(37,934)</u>	<u>—</u>	<u>193,461</u>

The Fund's Level 3 investments in equity securities are valued using multiple valuation techniques, such as discounted cash flows, broker quotes and prepayment spreads.

The following summarizes liquidity considerations for investments measured at fair value that calculate net asset value per share:

Investments	December 31, 2024			
	Fair value	Unfunded commitments	Redemption frequency	Redemption period
Private equity funds	\$ 112,511,825	88,449,943	*	*
Common collective trusts:				
Daily	65,344,391	—	Daily	1 Day
Monthly	70,697,217	—	Monthly	30 Days
Hedge funds	33,159,857	—	Daily	1 Day
Real estate investment funds – non public	43,565,271	9,385,270	Quarterly	45-90 Days

\* Closed-ended funds are defined-life vehicles that typically have a term of up to 10 years and may include the option to extend for up to 3 one year periods. The estimated weighted average remaining life of these vehicles is 5–7 years. While the Fund may be able to sell its investments to other parties, they cannot be redeemed on their own.

Liquidity of hedge funds, private equity funds and real estate investment funds vary based upon a number of factors and include “gates”, “holdbacks” and “side pockets” imposed by the investment manager.

The Fund has entered into subscription agreements with several private equity limited partnerships to acquire limited partnership interests and units, respectively.

In the case of private equity limited partnerships, the Fund is committed to making capital contributions in satisfaction of its capital commitment in such amounts and at such times as shall be determined by the

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

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general partner of the limited partnership, in its sole discretion, upon prior written notice from such general partner.

In the case of real estate investment, the Fund will make deposits to the account in satisfaction of its capital commitment upon delivery of a written notice from the investment company to the extent of the amount indicated in such notice.

### (5) Securities Lending

The Fund's investment activities include security lending. This program involves the lending of securities to institutional investors in exchange for collateral in the form of cash of at least 102% of the fair market value of the loaned instruments. Cash is invested in short-term investments. While these financial instrument lending transactions may expose the Fund to credit and market risks in the event that the borrower is unable to fulfill its contractual obligations, the collateral held and the nature of the bank's program, including oversight and controls, provides additional risk management features.

At December 31, 2024 and 2023 the collateral held and fair market values of loaned securities were as follows:

	<u>2024</u>	<u>2023</u>
Cash collateral held and reinvested in investments:		
Reinvested cash collateral held, at market value	\$ 695,474	2,922,679
Total collateral at market value	<u>\$ 695,474</u>	<u>2,922,679</u>
Fair market value of loaned securities:		
Equities	\$ 659,891	2,833,962
Total fair market value of loaned securities	<u>\$ 659,891</u>	<u>2,833,962</u>

### (6) Revolving Line of Credit

On May 23, 2022, the Fund obtained a \$17 million secured revolving line of credit with a maturity date of May 23, 2024. The line carries a two-year renewal term. Any amount borrowed bears interest based on SOFR rate loan with 1 month interest period. Under the terms of the line of credit, the Fund must maintain a discrete account with a custodian that secures any borrowings under their respective line of credit. Subsequently, on April 20, 2023, the Fund secured an additional \$17 million, increasing the line from \$17 million to \$34 million. The terms of the agreement and the maturity date of May 23, 2024, remained the same. The line has since been renewed and extended to May 23, 2026.

As of December 31, 2024 and 2023, borrowing against the line was \$0.0 million and \$24.2 million, respectively, and interest incurred of \$233 thousand for 2024 and \$1.2 million for 2023. The balance in the secured accounts with custodian (Northern Trust) consists of equities in the amount of \$97.7 million at December 31, 2024 and \$107 million at December 31, 2023. Outstanding borrowing under the line of credit was fully repaid on May 2, 2024.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

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### (7) Tax Status

The Fund received a determination letter from the Internal Revenue Service (IRS) dated November 6, 2015, stating that the Fund is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Fund is required to operate in conformity with the Code to maintain its qualification. The Fund's management and legal counsel believe that the Fund is being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Fund is qualified, and the related trust is tax-exempt.

U.S. GAAP requires plan 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 IRS. 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 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.

### (8) Related Party Transactions

#### *Allocation of Expenses*

The Fund, the 1199SEIU National Benefit Fund for Home Care Employees (HCBF), 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 the 1199SEIU National Benefit for Health and Human Service Employees Fund 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 in December 2023. The 2023 allocations were based on an allocation study that was approved in December 2021. For the years ended December 31, 2024 and 2023, the amount of administrative expenses allocated to the Fund approximated \$1.9 million and \$3.9 million, respectively. These amounts include allocated rent of \$183 thousand and \$556 thousand for the years ended December 31, 2024 and 2023, respectively.

Certain of the Fund's investments are shares of a short-term investment fund managed by Northern Trust Company. As Northern Trust Company is the custodian of the Fund, transactions involving the purchases and sales of Northern Trust Company managed fund represents party-in-interest transactions. Northern Trust Company is paid by the short-term investment fund for investment management and for reimbursement of certain costs. Those fees and costs reduce the investment income from the short-term investment fund. Fees paid to Northern Trust Company for investment expenses amounted to approximately \$17,000 and \$11,000, and which are included in investment expenses for the years ended December 31, 2024 and 2023, respectively.

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND

Notes to Financial Statements

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### **(9) Concentration of Credit Risks**

Financial instruments that subject the Fund to concentrations of credit risk include cash and short-term investments. The Fund maintains accounts at a financial institution. 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, approximately 36% of the Fund's total gross employer contribution receivable were due from three organizations. As of December 31, 2023, approximately 18% of the Fund's total gross employer contribution receivable was due from one organization.

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

### **(10) Risks and Uncertainties**

Preparing financial statements requires management to make estimates and assumptions about current, and for some cases future, economic and market conditions which affect reported amounts and related disclosures in the financial statements. Although current estimates and assumptions contemplate current conditions 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.

In establishing the fair values of the investments in hedge funds, private equity funds and real estate investments funds, the investment manager takes into consideration information about the net asset values from the audited financial statements of the underlying investments. Because of inherent uncertainty of the valuation, these estimated fair values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, salary inflation rate, employee demographics, etc., 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, 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.

**1199SEIU HOME CARE EMPLOYEES PENSION FUND**

Notes to Financial Statements

December 31, 2024 and 2023

**(11) 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**

1199SEIU HOME CARE EMPLOYEES PENSION 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
	<b>Short-term investments</b>						
	DEFAULT ISSUER	United States dollar	0.00%		-	\$ 46,046	\$ 46,046
*	NORTHERN TR GLOBAL INVTS COLLECTIVE FDS	NT COLLECTIVE GOVT SHORT TERM INVNT FD	4.50%		7,863,054	7,863,054	7,863,054
*	NORTHERN TR GLOBAL INVTS COLLECTIVE FDS	NT COLLECTIVE GOVT SHORT TERM INVNT FD	4.50%		2,936,671	2,936,671	2,936,671
*	NORTHERN TRUST CORPORATION	Brazilian real - Cash	0.00%		-	-	-
*	NORTHERN TRUST CORPORATION	British pound sterling - Cash			42,721	42,721	42,721
*	NORTHERN TRUST CORPORATION	Canadian dollar - Cash			5,921	5,921	5,921
*	NORTHERN TRUST CORPORATION	Chilean peso - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Danish krone - Cash			24,363	24,363	24,363
*	NORTHERN TRUST CORPORATION	Euro - Cash			1,101,222	1,101,222	1,101,222
*	NORTHERN TRUST CORPORATION	HK offshore Chinese Yuan Renminbi - Cash			4,137	4,137	4,137
*	NORTHERN TRUST CORPORATION	Hong Kong dollar - Cash			3,473	3,473	3,473
*	NORTHERN TRUST CORPORATION	Indian rupee - Cash			29,575	29,575	29,575
*	NORTHERN TRUST CORPORATION	Indonesian rupiah - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Japanese yen - Cash			13,370	13,370	13,370
*	NORTHERN TRUST CORPORATION	Mexican peso - Cash			5,303	5,303	5,303
*	NORTHERN TRUST CORPORATION	New Taiwan dollar - Cash			1	1	1
*	NORTHERN TRUST CORPORATION	Polish zloty - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Russian ruble - Cash			15,999	15,999	15,999
*	NORTHERN TRUST CORPORATION	Singapore dollar - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	South African rand - Cash			5	5	5
*	NORTHERN TRUST CORPORATION	South Korean won - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Swedish krona - Cash			464	464	464
*	NORTHERN TRUST CORPORATION	Swiss franc - Cash			4,306	4,306	4,306
*	NORTHERN TRUST CORPORATION	United States dollar - Cash			(117)	(117)	(117)
					<b>12,050,468</b>	<b>\$ 12,096,514</b>	<b>\$ 12,096,514</b>
	<b>Short-term investments total</b>				<b>12,050,468</b>	<b>\$ 12,096,514</b>	<b>\$ 12,096,514</b>
	<b>Equities</b>						
	3I GROUP	3I GROUP ORD GBP0.738636			4,844	192,214	216,215
	ACCOR SA	ACCOR SA EUR3			4,753	200,030	231,518
	ACUSHNET HLDGS CORP	ACUSHNET HLDGS CORP COM			32,855	1,266,659	2,335,333
	ADEIA INC	ADEIA INC COM			13,200	158,124	184,536
	ADOBE INC	ADOBE INC COM			611	333,992	271,699
	ADTALEM GLOBAL ED INC	ADTALEM GLOBAL ED INC COM			2,200	149,759	199,870
	ADVANCED MICRO DEVICES INC	ADVANCED MICRO DEVICES INC COM			1,354	205,031	163,550
	ADVANTECH CO LTD	ADVANTECH CO LTD TWD10			28,098	342,610	296,968
	AENA SME S.A.	AENA SME S.A. 144A EUR10			1,957	376,727	400,026
	AFLAC INC	AFLAC INC COM			2,300	79,468	237,912
	AGCO CORP DEL	AGCO CORP COM			3,300	169,338	308,484
	AIA GROUP LIMITED	AIA GROUP LTD NPV			135,000	1,068,485	978,443
	AIR LIQUIDE(L')	AIR LIQUIDE(L') EUR5.50			4,634	699,117	752,982
	AKZO NOBEL NV	AKZO NOBEL NV EURO.50(POST REV SPLIT)			7,163	522,123	429,906
	ALBERTSONS COS INC	ALBERTSONS COS INC CL A CL A			12,800	270,756	251,392
	ALIBABA GROUP HOLDING LTD	ALIBABA GROUP HOLDING LTD			57,100	614,100	605,699
	ALLIANZ SE	ALLIANZ SE NPV(REGD)(VINKLIERT)			1,826	444,964	559,495
	ALLISON TRANSMISSION HLDGS INC	ALLISON TRANSMISSION HOLDING			3,200	236,893	345,792
	ALLY FINL INC	ALLY FINL INC COM			4,100	127,372	147,641
	ALPHABET INC	ALPHABET INC CAP STK USD0.001 CL C			5,208	780,134	991,812
	ALSTOM	ALSTOM EUR7.0			32,571	561,824	727,160
	ALTRIA GROUP INC	ALTRIA GROUP INC COM			6,600	289,457	345,114

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(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
	AMADEUS IT GROUP SA	AMADEUS IT GROUP EURO.01			664	41,580	46,892
	AMAZON COM INC	AMAZON COM INC COM			19,882	3,444,675	4,361,913
	AMERICAN AXLE & MFG HLDGS INC	AMERICAN AXLE & MFG HLDGS INC COM			900	12,974	5,247
	AMERICAN FINL GROUP INC OHIO	AMER FINL GROUP INC OH COM STK			1,700	88,837	232,781
	AMERICAN INTL GROUP INC	AMERICAN INTERNATIONAL GROUP INC COM			7,000	399,021	509,600
	AMERIPRISE FINL INC	AMERIPRISE FINL INC COM			700	41,818	372,701
	AMKOR TECHNOLOGY INC	AMKOR TECHNOLOGY INC COM			5,800	157,617	149,002
	ANHEUSER BUSCH INBEV SA/NV	ADR ANHEUSER BUSCH INBEV SA/NV SPONSOREDADR			2,062	113,897	103,244
	ANHEUSER-BUSCH INBEV SA/NV	ANHEUSER-BUSCH INB NPV			10,297	561,071	514,468
	ANTOFAGASTA PLC	ANTOFAGASTA PLC ORD GBP0.05			56,865	1,169,222	1,132,362
	AON PLC	AON PLC			1,718	629,026	617,037
	APA CORP	APA CORP COM			4,000	178,705	92,360
	APPLE INC	APPLE INC COM STK			15,471	3,123,091	3,874,247
	APPLIED MATLS INC	APPLIED MATERIALS INC COM			1,700	76,161	276,471
	APPLOVIN CORP	APPLOVIN CORP COM CL A COM CL A			7,987	934,420	2,586,430
	ARCBEST CORP	ARCBEST CORP COM USD0.01			1,600	119,179	149,312
	ARCELORMITTAL	ARCELORMITTAL NPV			10,476	241,213	243,318
	ARGENX SE	ADR ARGENX SE SPONSORED ADS			958	372,045	589,170
	ARGENX SE	ARGEN X SE			454	191,266	282,070
	ARROW ELECTRS INC	ARROW ELECTR INC COM			2,000	150,211	226,240
	ARTISAN PARTNERS ASSET MGMT INC	ARTISAN PARTNERS ASSET MGMT INC CL A CL A			35,951	1,376,194	1,547,691
	ASML HOLDING NV	ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT)			394	282,303	273,074
	ASPEN TECHNOLOGY INC NEW FORMERLY EMERS	#REORG/ASPEN MERGER 03-13-2025			5,314	714,895	1,326,534
	ASTERA LABS INC	ASTERA LABS INC COM			2,741	119,440	363,405
	ASTRAZENECA PLC	ASTRAZENECA ORD USD0.25			3,677	491,584	482,059
	AT&T INC	AT&T INC COM			38,900	909,367	885,753
	AUTONATION INC	AUTONATION INC COM			1,100	124,288	186,824
	AVNET INC	AVNET INC COM			2,900	122,650	151,728
	AXA SA	AXA SA EUR2.29			12,200	363,729	433,568
	AXIS BANK	AXIS BANK LTD INR2			20,231	253,262	251,594
	B3 SA - BRASIL BOLSA BALCAO	B3 SA COM NPV			403,700	978,692	674,374
	BANCFIRST CORP	BANCFIRST CORP COM			12,683	909,226	1,486,194
	BANCO BRADESCO S A	ADR BANCO BRADESCO S A SPONSORED ADR REPSTG PFD SHS NEW 2004			27,962	77,164	53,407
	BANK AMER CORP	BANK OF AMERICA CORP			3,900	81,089	171,405
	BANK CENTRAL ASIA	BK CENTRAL ASIA IDR12.50			840,900	479,291	505,480
	BANK NEW YORK MELLON CORP	BANK NEW YORK MELLON CORP COM STK			9,300	461,781	714,519
	BANKUNITED INC	BANKUNITED INC			3,400	123,824	129,778
	BARCLAYS PLC	BARCLAYS PLC ORD GBP0.25			198,620	360,917	667,028
	BARRICK GOLD CORPORATION	BARRICK GOLD CORP COM NPV			5,300	103,369	82,142
	BAXTER INTL INC	BAXTER INTL INC COM			6,900	232,532	201,204
	BERKELEY GROUP HLDGS	BERKELEY GROUP (THE)/ORD GBP0.05611047			2,431	115,323	118,739
	BERRY GLOBAL GROUP INC	#REORG/ BERRY GLOBAL GROUP INC MERGER AMCOR PLC 2Y19AS2 04-30-2025			5,200	236,907	336,284
	BEST BUY INC	BEST BUY INC COM STK			1,900	139,393	163,020
	BFF BANK SPA	BFF BANK S.P.A.			22,787	229,888	217,083
	BIONTECH SE	ADR BIONTECH SE ADS			1,282	144,490	146,084
	BLOCK H & R INC	BLOCK H & R INC COM			3,800	156,504	200,792
	BLUE OWL CAP CORP	BLUE OWL CAP CORP			14,900	205,591	225,288
	BNP PARIBAS	BNP PARIBAS EUR2			6,951	438,060	426,251
	BORGWARNER INC	BORG WARNER INC COM			6,000	204,128	190,740
	BOSTON SCIENTIFIC CORP	BOSTON SCIENTIFIC CORP COM			5,395	321,084	481,881
	BP	BP ORD USD0.25			86,904	506,839	427,736
	BRINKS CO	BRINKS CO COM			2,300	235,765	213,371
	BRISTOL MYERS SQUIBB CO	BRISTOL MYERS SQUIBB CO COM			10,900	597,606	616,504
	BRITISH AMERICAN TOBACCO	BRITISH AMERICAN TOBACCO ORD GBP0.25			20,407	753,083	736,063
	BROADCOM INC	BROADCOM INC COM			8,762	1,359,319	2,031,382
	BUNGE GLOBAL SA	BUNGE GLOBAL SA F COMMON STOCK			3,200	310,052	248,832

1199SEIU HOME CARE EMPLOYEES PENSION FUND

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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
	BUREAU VERITAS	BUREAU VERITAS EURO.12			5,166	166,492	156,951
	BURLINGTON STORES INC	BURLINGTON STORES INC COM			579	135,919	165,050
	CADENCE DESIGN SYS INC	CADENCE DESIGN SYS INC COM			1,680	454,370	504,773
	CALIFORNIA RES CORP	CALIFORNIA RES CORP COM USD0.01			4,800	209,146	249,072
	CAMECO CORP	CAMECO CORP COM			8,983	444,258	461,636
	CANADIAN PAC KANS CITY LTD	CDN PAC KANS CY COM NPV			14,918	1,151,663	1,079,589
	CARDINAL HEALTH INC	CARDINAL HLTH INC			2,500	269,202	295,675
	CARREFOUR SA	CARREFOUR SA EUR2.50			8,489	161,655	120,692
	CEMEX S A B DE C V	ADR CEMEX SAB DE CV			30,268	237,461	170,712
	CENTENE CORP DEL	CENTENE CORP DEL COM			3,000	227,319	181,740
	CHARTER COMMUNICATIONS INC NEW	CHARTER COMMUNICATIONS INC NEW CL A CL A			490	185,710	167,957
	CHECK POINT SOFTWARE TECHNOLOGIES LTD	CHECK PT SOFTWARE TECHNOLOGIES ORDILS.01			750	131,182	140,025
	CHEMOURS CO	CHEMOURS CO COM			5,900	199,761	99,710
	CHINA RESOURCES LAND	CHINA RESOURCES LAND HKD0.10			143,491	491,693	416,548
	CIGNA GROUP	THE CIGNA GROUP			1,400	354,285	386,596
	CIRRUS LOGIC INC	CIRRUS LOGIC INC COM			2,500	232,663	248,950
	CISCO SYS INC	CISCO SYSTEMS INC			11,700	314,937	692,640
	CITIGROUP INC	CITIGROUP INC COM NEW COM NEW			9,300	771,303	654,627
	CITIZENS FINL GROUP INC	CITIZENS FINL GROUP INC COM			6,000	204,194	262,560
	CLEARWATER ANALYTICS HLDGS INC	CLEARWATER ANALYTICS HLDGS INC CL A CL A			69,271	1,295,873	1,906,338
	CLICKS GROUP LTD	CLICKS GROUP LTD ZAR0.01			24,458	367,130	483,587
	CNA FINL CORP	CNA FNCL CORP COM			3,800	87,608	183,806
	COCA-COLA BOTTLERS JAPAN HLDGS INC	COCA-COLA BOTTLERS NPV			8,694	116,774	138,133
	COMCAST CORP NEW	COMCAST CORP NEW-CL A			17,300	628,778	649,269
	COMPAGNIE DE ST-GOBAIN	CIE DE ST-GOBAIN EUR4			6,723	581,224	596,615
	COMPASS GROUP PLC	COMPASS GROUP ORD GBP0.1105			2,778	60,925	92,615
	CONAGRA BRANDS INC	CONAGRA BRANDS INC COM USDS			5,900	210,431	163,725
	CONOCOPHILLIPS	CONOCOPHILLIPS COM			2,116	236,463	209,844
	CORE SCIENTIFIC INC NEW	CORE SCIENTIFIC INC NEW COM			21,253	303,009	298,605
	COREBRIDGE FINL INC	COREBRIDGE FINL INC COM			5,900	183,126	176,587
	CORVEL CORP	CORVEL CORP COM			26,607	755,409	2,960,294
	CREDICORP LTD	CREDICORP LTD COM STK			3,050	526,297	559,126
	CUMMINS INC	CUMMINS INC			1,700	242,710	592,620
	CVS HEALTH CORP	CVS HEALTH CORP COM			7,900	561,593	354,631
	DANONE	DANONE EURO.25			2,485	145,524	167,568
	DANSKE BANK A/S	DANSKE BANK A/S DKK10			15,957	399,052	451,350
	DAVITA INC	DAVITA INC COM			1,000	87,013	149,550
	DELL TECHNOLOGIES INC	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK			4,100	168,432	472,484
	DELTA AIR LINES INC DEL	DELTA AIR LINES INC DEL COM NEW COM NEW			19,187	1,159,198	1,160,814
	DELTA ELECTRONIC	DELTA ELECTRONIC TWD10			42,359	407,676	556,225
	DEUTSCHE BOERSE AG	DEUTSCHE BOERSE AG NPV(REGD)			3,268	560,466	752,605
	DEUTSCHE TELEKOM AG	DEUTSCHE TELEKOM NPV(REGD)			41,373	954,968	1,237,698
	DIAGEO PLC	DIAGEO PLC ORD GBP0.28 101/108			11,469	461,150	364,481
	DICKS SPORTING GOODS INC	DICKS SPORTING GOODS INC OC-COM OC-COM			1,000	36,790	228,840
	DINE BRANDS GLOBAL INC	DINE BRANDS GLOBAL INC			2,600	199,844	78,260
	DINO POLSKA SA	DINO POLSKA SA PLN0.10			2,583	265,872	243,755
	DISCOVER FINL SVCS	#REORG/ DISCOVER FINL SVCS STOCK MERGER CAPITAL ONE FINL CORP 2108876 05-19-2025			1,800	67,495	311,814
	DISCOVERY LIMITED	DISCOVERY LIMITED ZAR0.001			66,162	518,428	682,903
	DONALDSON INC	DONALDSON INC COM			6,779	404,652	456,566
	DR REDDYS LABS LTD	DR REDDYS LABS LTD ADR REPSTG 1/2 SH			49,170	654,795	776,394
	DR. ING. H.C. F. PORSCHE AG	DR. ING. H.C. F. NON-VTG PRF NPV			986	65,196	59,647
	DRAFTKINGS INC NEW	DRAFTKINGS INC NEW CL A			7,896	305,475	293,731
	DROPBOX INC	DROPBOX INC CL A CL A			7,030	206,694	211,181
	DXC TECHNOLOGY CO	DXC TECHNOLOGY CO COM			901	37,482	18,002
	E SUN FINANCIAL HOLDINGS	E.SUN FINL HLDGS TWD10 2884			414,011	305,689	340,331
	EAST WEST BANCORP INC	EAST WEST BANCORP INC COM			3,100	220,644	296,856

1199SEIU HOME CARE EMPLOYEES PENSION FUND

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

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	EASTMAN CHEM CO	EASTMAN CHEM CO COM			1,300	76,842	118,716
	EATON CORP PLC	EATON CORP PLC COM USD0.50			1,074	318,507	356,428
	EBAY INC	EBAY INC COM USD0.001			7,700	330,288	477,015
	ELECTROLUX AB	ELECTROLUX AB SER'B'NPV			8,303	67,527	69,059
	ELI LILLY AND COMPANY	ELI LILLY & CO COM NPV			595	446,712	459,340
	EMCOR GROUP INC	EMCOR GROUP INC COM			5,587	406,048	2,535,939
	ENEL SPA	ENEL SPA EUR1			55,186	347,674	393,501
	ENGIE	ENGIE COMSTK			19,668	331,566	311,807
	ESSILORLUXOTTICA	ESSILORLUXOTTICA EUR 0.18			193	47,054	47,085
	EVEREST RE GROUP	EVEREST GROUP LTD			500	51,853	181,230
	EXELIXIS INC	EXELIXIS INC COM STK			9,000	210,939	299,700
	EXXON MOBIL CORP	EXXON MOBIL CORP COM			5,500	421,153	591,635
	F N B CORP PA	F N B CORP PA COM			9,800	71,424	144,844
	FACTSET RESH SYS INC	FACTSET RESH SYS INC COM STK			4,310	1,489,430	2,070,007
	FANUC CORPORATION	FANUC CORP NPV			14,200	420,544	377,227
	FEDEX CORP	FEDEX CORP COM			1,800	360,604	506,394
	FIFTH THIRD BANCORP	5TH 3RD BANCORP COM			3,700	72,639	156,436
	FIRST HAWAIIAN INC	FIRST HAWAIIAN INC COM			65,728	1,721,994	1,705,642
	FIRST HORIZON CORP	FIRST HORIZON CORPORATION COM			15,500	214,761	312,170
	FLUTTER ENTERTAINMENT PLC	FLUTTER ENTERTAINMENT PLC ORD EUR 0.09 (CDI)			112	29,836	29,064
	FLUTTER ENTERTAINMENT PLC	FLUTTER ENTERTAINMENT PLC ORD EURO.09			669	168,620	172,903
	FOMENTO ECONOMICO MEXICANO S A B DE C V	ADR FOMENTO ECONOMICO MEXICANO SAB DE CV			10,037	1,157,538	858,063
	FORD MTR CO DEL	FORD MTR CO DEL COM PAR \$0.01 COM PAR \$0.01			25,700	431,762	254,430
	FOX CORP	FOX CORP CL A CL A			10,500	369,567	510,090
	FTI CONSULTING INC	FTI CONSULTING INC COM			11,853	1,439,572	2,265,464
	FUJITSU	FUJITSU NPV			15,100	239,647	268,977
	GALDERMA GROUP AG	GALDERMA GROUP AG CHF0.01			2,169	164,481	240,870
	GENERAL MILLS INC	GENERAL MILLS INC COM			4,400	289,097	280,588
	GENERAL MTRS CO	GEN MTRS CO COM			10,700	350,732	569,989
	GENWORTH FINL INC	GENWORTH FINL INC COMMON STOCK			4,200	151,942	29,358
	GFL ENVIRONMENTAL INC	GFL ENVIRONMENTAL INC. COM NPV SUB VTG SHS			38,000	1,278,040	1,692,520
	GILEAD SCIENCES INC	GILEAD SCIENCES INC			7,800	599,310	720,486
	GLOBAL PMTS INC	GLOBAL PMTS INC COM			1,500	204,008	168,090
	GLOBAL-E ONLINE LTD	GLOBAL E ONLINE LTD COM NPV			13,054	502,113	711,835
	GOLDMAN SACHS GROUP INC	GOLDMAN SACHS GROUP INC COM			1,322	443,867	757,004
	GOODYEAR TIRE & RUBR CO	GOODYEAR TIRE & RUBBER CO COM			10,900	290,483	98,100
	GRACO INC	GRACO INC COM			18,250	1,103,601	1,538,293
	GRIFFON CORP	GRIFFON CORP COM			4,200	255,502	299,334
	GSK PLC	GSK PLC ORD GBP0.3125			20,926	402,093	352,887
	HALLIBURTON CO	HALLIBURTON CO COM			9,200	267,093	250,148
	HANWHA AEROSPACE CO LTD	HANWHA AEROSPACE CO LTD			1,063	207,853	235,757
	HARLEY DAVIDSON	HARLEY DAVIDSON COM USD0.01			4,800	289,984	144,624
	HCA HEALTHCARE INC	HCA HEALTHCARE INC COM			1,200	94,611	360,180
	HDFC BANK LTD	HDFC BANK LTD INR1			98,481	1,693,033	2,039,299
	HDFC BK LTD	ADR HDFC BK LTD ADR REPSTG 3 SHS			4,100	258,490	261,826
	HEICO CORP NEW	HEICO CORP NEW CL A CL A			4,730	733,783	880,158
	HEIDELBERG MATERIALS	HEIDELBERG MATERIALS AG			539	67,419	66,585
	HEINEKEN NV	HEINEKEN NV EUR1.60			3,915	341,930	278,509
	HENRY JACK & ASSOC INC	JACK HENRY & ASSOC INC COM			7,268	1,224,763	1,274,080
	HEWLETT PACKARD ENTERPRISE CO	HEWLETT PACKARD ENTERPRISE CO COM			17,200	205,291	367,220
	HF SINCLAIR CORP	HF SINCLAIR CORPORATION COM USD0.01			4,300	223,453	150,715
	HONG KONG EXCHANGES & CLEARING	HONG KONG EXCHANGES & CLEAR			23,000	815,334	872,869
	HOST HOTELS & RESORTS L P	HOST HOTELS & RESORTS INC REIT			16,600	318,991	290,832
	HP INC	HP INC COM			14,400	252,737	469,872
	HUNTINGTON INGALLS INDS INC	HUNTINGTON INGALLS INDS INC COM			700	143,932	132,279
	INCYTE CORP FORMERLY INCYTE PHARMACEUTI	INCYTE CORP COM			3,500	197,764	241,745

1199SEIU HOME CARE EMPLOYEES PENSION FUND

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

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	INFINEON TECHNOLOGIES AG	INFINEON TECHNOLOG ORD NPV (REGD)			10,803	388,566	351,256
	ING GROEP N.V.	ING GROEP N.V. EURO.01			12,615	146,515	197,641
	INGREDION INC	INGREDION INC COM			1,900	149,772	261,364
	INNOVATIVE INDL PPTY INC	INNOVATIVE INDL PPTY INC			1,300	119,087	86,632
	INTEL CORP	INTEL CORP COM			5,100	158,635	102,255
	INTERNATIONAL BUSINESS MACHS CORP	INTERNATIONAL BUSINESS MACHS CORP COM			1,200	163,177	263,796
	JABIL INC	JABIL INC COM USD0.001			2,600	160,333	374,140
	JOHNSON & JOHNSON	JOHNSON & JOHNSON COM USD1			4,500	721,816	650,790
	JULIUS BAER GRUPPE AG	JULIUS BAER GRUPPE CHF0.02 (REGD)			2,831	156,540	183,246
	KADANT INC	KADANT INC COM			2,448	544,523	844,536
	KALBE FARMA	KALBE FARMA IDR10			2,948,400	293,779	249,135
	KASIKORNBANK PUBLIC COMPANY LIMITED	KASIKORNBANK PCL THB10 (NVDR)			77,800	318,618	354,829
	KERING	KERING			2,626	930,670	647,855
	KFORCE INC	KFORCE INC			5,908	364,795	334,984
	KINGFISHER	KINGFISHER ORD GBP0.157142857			47,230	129,294	147,108
	KOHL'S CORP	KOHL'S CORP COM			2,700	136,560	37,908
	KONINKLIJKE PHILIPS NV	KONINKLIJKE PHILIP EURO.20			13,566	282,379	342,761
	KOTAK MAHINDRA BANK LTD.	KOTAK MAHINDRA BAN COMSTK			10,165	211,795	212,059
	KRAFT HEINZ CO	KRAFT HEINZ CO COM			11,400	380,882	350,094
	KROGER CO	KROGER CO COM			10,900	283,247	666,535
	LANDSTAR SYS INC	LANDSTAR SYS INC COM			11,073	1,802,822	1,903,006
	LANTHEUS HLDGS INC	LANTHEUS HLDGS INC COM			1,400	77,746	125,244
	LANXESS AG	LANXESS AG NPV			7,592	212,249	185,375
	LCI INDUSTRIES	LCI INDUSTRIES COM			12,826	1,586,830	1,326,080
	LEAR CORP	LEAR CORP COM NEW COM NEW			1,000	43,729	94,700
	LEGAL & GENERAL GROUP	LEGAL & GENERAL GP ORD GBP0.025			55,626	155,902	160,092
	LENNAR CORP	LENNAR CORP CL A CL A			1,400	99,401	190,918
	LI NING CO LTD	LI NING CO LTD HKD0.1			19,500	39,125	41,320
	LIBERTY MEDIA CORP DEL	LIBERTY MEDIA CORP DEL COM LIBERTY FORMULA ONE SER C			5,913	381,317	547,899
	LIG NEX1 CO LTD	LIG NEX1 CO LTD KRW5000			1,573	204,624	235,605
	LINCOLN NATL CORP IND	LINCOLN NATL CORP COM			4,800	282,629	152,208
	LINK REAL ESTATE INVESTMENT TRUST	LINK REAL ESTATE INVESTMENT TRUST UNITS			16,400	85,368	69,354
	LOCKHEED MARTIN CORP	LOCKHEED MARTIN CORP COM			900	370,028	437,346
	LONDON STOCK EXCHANGE GROUP	LONDON STOCK EXCHANGE GROUP ORD GBP0.06918604			2,150	250,296	303,867
	M & T BK CORP	M & T BK CORP COM			600	78,164	112,806
	MACYS INC	MACYS INC COM STK			10,000	225,038	169,300
	MAGNERA CORP	MAGNERA CORP COM			1,436	21,488	26,092
	MAHINDRA & MAHINDRA	MAHINDRA & MAHINDRA LTD COMSTK			35,331	667,706	1,240,967
	MANHATTAN ASSOCS INC	MANHATTAN ASSOCS INC COM			6,680	880,742	1,805,203
	MANPOWER GROUP	MANPOWERGROUP INC			2,300	215,205	132,756
	MARATHON PETE CORP	MARATHON PETE CORP COM			3,400	89,887	474,300
	MARICO LTD	MARICO LTD INR1			37,776	243,385	282,171
	MARRIOTT VACATIONS WORLDWIDE CORP	MARRIOTT VACATIONS WORLDWIDE CORP COM			1,600	248,851	143,680
	MATADOR RES CO	MATADOR RES CO COM			3,460	194,187	194,660
	MCKESSON CORP	MCKESSON CORP			500	72,809	284,955
	MEDACTA GROUP SA	MEDACTA GROUP SA CHF0.10			1,512	177,976	177,853
	MEDIATEK INC	MEDIATEK INC TWD10			9,087	255,557	392,201
	MEDIOBANCA DI CREDITO FINANZ SPA	MEDIOBANCA SPA EURO.5			15,608	232,196	227,481
	MEITUAN	MEITUAN USD0.00001 B CLASS			18,200	421,378	355,427
	MELROSE INDUSTRIES PLC	MELROSE INDUST PLC ORD GBP0.001			92,893	701,332	644,286
	MERCADOLIBRE INC	MERCADOLIBRE INC COM STK			499	784,297	848,520
	MERCK & CO INC NEW	MERCK & CO INC NEW COM			6,700	425,315	666,516
	META PLATFORMS INC	META PLATFORMS INC COM USD0.000006 CL 'A'			7,074	2,541,796	4,141,897
	METLIFE INC	METLIFE INC COM STK USD0.01			2,600	115,572	212,888
	MGIC INVT CORP WIS	MGIC INVT CORP WIS COM			14,400	148,993	341,424
	MGM RESORTS INTL FORMERLY MGM GRAND INC	MGM RESORTS INTERNATIONAL COM			6,400	231,822	221,760

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	MICROSOFT CORP	MICROSOFT CORP COM			14,661	5,496,089	6,179,610
	MIDEA GROUP CO LTD	MIDEA GROUP CO LTD CNY1 H			54,200	437,517	527,142
	MIDEA GROUP CO LTD	MIDEA GROUP CO LTD A CNY1			19,500	195,639	199,794
	MITSUBISHI UFJ FINANCIAL GROUP INC	MITSUBISHI UFJ FIN NPV			34,700	372,746	407,586
	MOELIS & CO	MOELIS & CO CL A CL A			32,896	1,212,718	2,430,356
	MOLSON COORS	MOLSON COORS BEVERAGE COMPANY COM USD0.01 CLASS B			6,100	328,499	349,652
	MONDI PLC	MONDI PLC ORD EURO.22			13,782	293,000	202,676
	MOSAIC CO/THE	MOSAIC CO/THE			4,300	164,266	105,694
	MUELLER INDS INC	MUELLER INDS INC COM			3,117	188,259	247,365
	MURATA MANUFACTURING CO	MURATA MANUFACTURING CO. NPV			9,500	183,014	154,717
	MURPHY OIL CORP	MURPHY OIL CORP COM			6,300	219,182	190,638
	NARI TECHNOLOGY CO LTD	NARI TECH CO LTD 'A'CNY1 (STOCK CONNECT)			164,924	539,266	566,558
	NATERA INC	NATERA INC COM			5,721	334,556	905,634
	NATIONAL FUEL GAS CO	NATL FUEL GAS CO COM			3,700	198,944	224,516
	NATIONAL GRID	NATIONAL GRID ORD GBP0.12431289			88,026	1,124,002	1,047,316
	NATWEST GROUP PLC	NATWEST GROUP PLC ORD GBP1.0769			10,385	30,424	52,298
	NCR ATLEOS CORP	NCR ATLEOS CORPORATION COM USD0.01 WI			2,450	55,280	83,104
	NCR VOYIX CORP FORMERLY NCR CORP NEW TO	NCR VOYIX CORP COM STK USD0.01			800	14,296	11,072
	NEBIUS GROUP N V	NEBIUS GROUP N V			14,009	380,723	388,049
	NESTLE SA	NESTLE SA CHF0.10(REGD)			2,523	287,452	208,466
	NETEASE INC	NETEASE INC COMSTK			22,400	436,939	399,096
	NETFLIX INC	NETFLIX INC COM STK			1,891	1,193,672	1,685,486
	NEWMARKET CORP	NEWMARKET CORP COM			525	235,454	277,384
	NEXSTAR MEDIA GROUP INC COMMON STOCK	NEXSTAR MEDIA GROUP INC COMMON STOCK			1,200	179,826	189,564
	NINTENDO CO LTD	NINTENDO CO LTD NPV			4,100	218,815	241,680
	NIPPON SANSO HOLDINGS CORPORATION	NIPPON SANSO HOLDINGS CORP			9,883	234,186	278,203
	NKT A/S	NKT A/S			2,442	187,048	174,462
	NOVO NORDISK A/S	NOVO NORDISK A/S SER'B'DKK0.1			5,383	420,585	466,573
	NOVONESIS (NOVOZYMES) B	NOVONESIS (NOVOZYMES) B			3,322	196,392	188,066
	NOVO-NORDISK A S	ADR NOVO-NORDISK A S ADR			127	11,815	10,925
	NRG ENERGY INC	NRG ENERGY INC COM NEW			10,677	556,177	963,279
	NVIDIA CORP	NVIDIA CORP COM			51,408	5,390,900	6,903,580
	OLD REPUBLIC INTERNATIONAL CORP	OLD REPUBLIC INTERNATIONAL CORP COM STK USD1			5,300	203,274	191,807
	OMEGA HEALTHCARE INVS INC	OMEGA HEALTHCARE INVS INC REIT			4,600	195,976	174,110
	ORGANON & CO	ORGANON & CO COM			6,400	158,346	95,488
	OSHKOSH CORPORATION	OSHKOSH CORPORATION			2,400	155,753	228,168
	OTSUKA HLDGS CO LTD	OTSUKA HOLDINGS CO LTD			3,600	141,459	196,997
	OWENS CORNING NEW	OWENS CORNING NEW COM STK			1,700	158,506	289,544
	PACCAR INC	PACCAR INC COM			2,000	212,030	208,040
	PAYPAL HLDGS INC	PAYPAL HLDGS INC COM			3,500	232,973	298,725
	PERDOCEO ED CORP	PERDOCEO ED CORP COM			4,440	76,623	117,527
	PERNOD RICARD	PERNOD RICARD NPV EUR 1.55			1,149	164,654	129,687
	PFIZER INC	PFIZER INC COM			24,100	617,875	639,373
	PHILLIPS 66	PHILLIPS 66 COM			3,200	234,734	364,576
	PING AN INSURANCE(GROUP)CO.OF CHINA	PING AN INSURANCE GROUP H CNY1			108,999	639,854	646,168
	PINTEREST INC	PINTEREST INC CL A CL A			4,614	155,566	133,806
	PRESIDENT CHAIN STORE CORP	PRESIDENT CHAIN ST TWD10			30,999	275,939	248,677
	PRIMERICA INC	PRIMERICA INC COM			12,155	1,446,990	3,299,110
	PRIMORIS SVCS CORP	PRIMORIS SVCS CORP COM			3,300	123,602	252,120
	PRUDENTIAL PLC	PRUDENTIAL PLC GBPO.05			44,812	510,858	357,501
	PULTEGROUP INC	PULTE GROUP INC			4,600	133,746	500,940
	PVH CORP	PVH CORP COM USD1			1,900	212,464	200,925
	QUALCOMM INC	QUALCOMM INC COM			2,900	409,077	445,498
	RADIAN GROUP INC	RADIAN GROUP INC COM			7,100	86,626	225,212
	RAIA DROGASIL SA	RAIA DROGASIL SA COM NPV			173,428	880,219	617,596
	RBC BEARINGS INC	RBC BEARINGS INC COM			4,805	817,969	1,437,368

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	RECKITT BENCKISER GROUP PLC	RECKITT BENCK GRP ORD GBP0.10			14,616	977,155	884,684
	REGIONS FINL CORP NEW	REGIONS FINL CORP NEW COM			9,100	121,377	214,032
	RELX PLC	RELX PLC ORD GBP0.1444			3,757	112,292	170,087
	RELX PLC	RELX PLC			11,478	406,226	521,670
	RENASAS ELECTRONICS CORP	RENASAS ELECTRONICS CORPORATION NPV			36,300	594,787	472,690
	RIGHTMOVE PLC	ADR RIGHTMOVE PLC ADR			117,502	1,743,509	1,896,482
	RITHM CAPITAL CORP	RITHM CAPITAL CORP			20,600	226,004	223,098
	RLI CORP	RLI CORP COM			10,148	923,120	1,672,695
	ROBINHOOD MKTS INC	ROBINHOOD MKTS INC COM CL A COM CL A			9,020	344,415	336,085
	ROCHE HOLDINGS AG	ROCHE HLDGS AG GENUSSSCHEINE NPV			1,536	500,954	433,046
	ROLLS ROYCE HOLDINGS	ROLLS ROYCE HLDGS ORD GBP0.20			86,769	90,799	617,895
	RWE AG	RWE AG NPV			2,732	109,846	81,560
	S&P GLOBAL INC	S&P GLOBAL INC COM			1,689	716,256	841,173
	SABRA HEALTH CARE REIT INC	SABRA HEALTH CARE REIT INC COM			9,600	173,933	166,272
	SAFRAN SA	SAFRAN SA EURO.20			1,881	291,707	413,123
	SAMSUNG ELECTRONICS CO	SAMSUNG ELECTRONIC KRW100			27,341	1,442,474	988,039
	SAMSUNG ELECTRONICS CO	SAMSUNG ELECTRONICS CO N/VTG PFD KRW100 005935			21,226	1,006,715	637,292
	SAMSUNG FIRE & MARINE	SAMSUNG FIRE & MARINE INS.CO.LTD			2,732	637,859	665,300
	SANMINA CORP	SANMINA CORP COM			3,000	80,570	227,010
	SANOFI	SANOFI EUR2			3,370	346,088	327,118
	SAP SE	SAP SE			1,371	147,271	335,468
	SBERBANK OF RUSSIA	SBERBANK OF RUSSIA			82,632	345,277	193,461
	SEA LTD	ADR SEA LTD ADR			3,610	414,914	383,021
	SEGRO PLC	SEGRO PLC ORD GBP0.10			14,623	143,521	128,417
	SERVICE PROPERTIES TRUST	SERVICE PROPERTIES TRUST COM SH BEN INT			8,600	226,262	21,844
	SERVICENOW INC	SERVICENOW INC COM USD0.001			367	286,424	389,064
	SGS SA	SGS SA CHF0.04 (REGD)			4,128	420,359	413,962
	SHENZHEN MINDRAY BIO-MEDICAL ELECTR	SHENZHEN MINDRAY BIO-MEDICAL ELECTR A CNY1(STOCK CONNECT)			9,999	423,662	347,306
	SHINHAN FINANCIAL GROUP CO LTD	SHINHAN FINANCIAL GROUP CO LTD KRW5000 055550			20,161	803,738	652,564
	SIMPSON MFG INC	SIMPSON MFG INC COM			13,809	1,358,284	2,289,946
	SIRIUS XM HLDGS INC NEW	SIRIUS XM HLDGS INC NEW COM			5,652	142,413	128,866
	SK HYNIX INC	SK HYNIX INC 000660			7,770	879,071	917,843
	SM INVESTMENTS CORPORATION	SM INVEST CORP PHP10			41,045	710,447	637,902
	SMC CORP	SMC CORP NPV			500	215,984	197,824
	SMITH & NEPHEW PLC	SMITH & NEPHEW PLC ORD USD0.20			9,153	127,305	113,646
	SMUCKER J M CO	SMUCKER J M CO COM NEW			2,110	242,910	232,353
	SNAP ON INC	SNAP-ON INC COM			700	122,685	237,636
	SOCIETE GENERALE FRANCE	SOCIETE GENERALE EUR1.25			3,242	89,226	91,179
	SODEXO	SODEXHO EUR4			1,384	121,173	114,006
	SOLVENTUM CORP	SOLVENTUM CORP COM COM USD0.01			625	36,047	41,288
	SPOTIFY TECHNOLOGY S.A.	SPOTIFY TECHNOLOGY S A COM EURO.025			1,238	400,570	553,856
	STANDARD CHARTERED PLC	STANDARD CHARTERED PLC SHS			19,496	184,156	241,384
	STATE STR CORP	STATE STR CORP COM			7,300	431,876	716,495
	STEEL DYNAMICS INC	STEEL DYNAMICS INC COM			1,800	55,666	205,326
	STIFEL FINL CORP	STIFEL FINL CORP COM			1,320	100,749	140,026
	SUMITOMO MITSUI FINANCIAL GROUP INC	SUMITOMO MITSUI FINANCIAL GROUP NPV			12,700	257,864	304,166
	SWISS RE AG	SWISS RE AG CHF0.10			1,250	184,851	180,966
	SYLVAMO CORP	SYLVAMO CORP COM			372	11,440	29,395
	SYNCHRONY FINL	SYNCHRONY FINL COM			5,200	217,270	338,000
	TAIWAN SEMICONDUCTOR MANUFACTURING	TAIWAN SEMICON MAN TWD10			85,265	1,739,923	2,795,830
	TAIWAN SEMICONDUCTOR MFG CO LTD	ADR TAIWAN SEMICONDUCTOR MANUFACTURING ADS REP 5 TWD10			8,662	1,178,505	1,710,658
	TAKEDA PHARMACEUTICAL CO LTD	TAKEDA PHARMACEUTICAL CO NPV			1,800	52,021	47,886
	TALEN ENERGY CORP NEW	TALEN ENERGY CORP NEW COM			2,749	514,937	553,841
	TATA CONSULTANCY SERVICES	TATA CONSULTANCY S INR1			28,735	1,226,579	1,374,360
	TD SYNEX CORPORATION	TD SYNEX CORPORATION COM USD0.001			1,526	184,011	178,969
	TEGNA INC	TEGNA INC COM			11,900	164,027	217,651

1199SEIU HOME CARE EMPLOYEES PENSION 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
	TELKOM INDONESIA(PERSERO) TBK	TELKOM INDONESIA (PERSERO) TBK IDR50			1,537,700	381,289	258,911
	TENCENT HOLDINGS LIMITED	TENCENT HLDGS LTD HKD0.00002			46,700	1,867,883	2,506,955
	TENCENT MUSIC ENTMT GROUP	ADR TENCENT MUSIC ENTMT GROUP ADS			17,919	219,517	203,381
	TESLA INC	TESLA INC COM USD0.001			4,621	1,338,566	1,866,145
	TEXTRON INC	TEXTRON INC COM			4,500	252,169	344,205
	THE CAMPBELLS COMPANY	THE CAMPBELLS COMPANY			5,400	240,224	226,152
	TIMKEN CO	TIMKEN CO COM			1,600	64,098	114,192
	TOKYO GAS CO	TOKYO GAS CO LTD NPV			3,980	115,325	110,668
	TORO CO	TORO CO COM			27,923	2,246,210	2,236,632
	TRANSALTA CORP	TRANSALTA CORP MTN COM NPV			8,544	115,903	120,776
	TRANSDIGM GROUP INC	TRANSDIGM GROUP INC COM			276	317,540	349,769
	TRUIST FINL CORP	TRUIST FINL CORP COM			3,600	169,520	156,168
	UBS GROUP AG	UBS GROUP AG USD0.10 (REGD)			32,773	726,380	1,002,809
	UCB S.A.	UCB NPV			3,303	349,877	657,373
	UFP INDS INC	UFP INDUSTRIES INC COM USD1.00			16,879	1,733,393	1,901,419
	UNICREDIT SPA	UNICREDIT SPA NPV			10,249	192,100	408,860
	UNILEVER PLC	UNILEVER PLC ORD GBP0.031111			18,254	932,815	1,039,732
	UNI-PRESIDENT ENTERPRISES CORP	UNI-PRESIDENT ENTERPRISES CORP TWD10 1216			235,000	559,011	579,893
	UNITED AIRLINES INC	UNITED AIRLINES HOLDINGS INC COM USD0.01			11,162	929,110	1,083,830
	UNITED OVERSEAS BANK LTD	UTD O/S BANK NPV			6,800	144,433	181,091
	UNITED THERAPEUTICS CORP DEL	UNITED THERAPEUTICS CORP DEL COM STK			1,000	212,345	352,840
	UNIVERSAL HEALTH SVCS INC	UNVL HEALTH SERVICES INC CL B COM			800	106,923	143,536
	UPBOUND GRP INC FORMERLY RENT A CENTER	UPBOUND GRP INC COM USD0.01			4,200	111,491	122,514
	UPWORK INC	UPWORK INC COM			8,500	145,014	138,975
	VALERO ENERGY CORP NEW	VALERO ENERGY CORP COM STK NEW			2,300	93,962	281,957
	VAXCYTE INC	VAXCYTE INC COM			2,003	140,565	163,966
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS COM			15,000	789,616	599,850
	VERTIV HLDGS CO	VERTIV HOLDINGS LLC COM USD0.0001			9,056	625,295	1,028,852
	VIATRIS INC	VIATRIS INC			3,685	40,038	45,878
	VICTORY CAP HLDGS INC DEL	VICTORY CAP HLDGS INC DEL CL A CL A			4,900	164,243	320,754
	VISA INC	VISA INC COM CL A STK			3,405	901,478	1,076,116
	VISTRA CORP	VISTRA CORP COM USD0.01			3,558	379,518	490,541
	VOLTRONIC POWER TECHNOLOGY CORP	VOLTRONIC POWER TE TWD10			6,000	327,391	340,405
	VONOVIA SE	VONOVIA SE NPV			13,269	429,642	402,858
	VOYA FINL INC	VOYA FINL INC COM			2,000	75,084	137,660
	WALGREENS BOOTS ALLIANCE INC	WALGREENS BOOTS ALLIANCE INC COM			6,300	443,266	58,779
	WAL-MART DE MEXICO SAB DE CV	WAL-MART DE MEX COM NPV			160,763	587,185	424,392
	WATTS WATER TECHNOLOGIES INC	WATTS WTR TECHNOLOGIES INC			9,278	1,196,393	1,886,217
	WELLS FARGO & CO NEW	WELLS FARGO & CO NEW COM STK			12,500	484,384	878,000
	WESTERN DIGITAL CORP	WESTN DIGITAL CORP COM			2,600	164,879	155,038
	WH SMITH PLC	WH SMITH PLC ORD GBP0.220895			11,781	205,795	175,431
	WHIRLPOOL CORP	WHIRLPOOL CORP COM			1,200	102,200	137,376
	WIZZ AIR HLDGS PLC	WIZZ AIR HLDGS PLC ORD GBP0.0001			12,250	273,698	220,770
	WORLDLINE	WORLDLINE EURO.68			14,032	141,598	123,187
	XEROX HLDGS CORP	XEROX HLDGS CORP COM NEW COM NEW			6,750	213,570	56,903
	YUM CHINA HLDGS INC	YUM CHINA HLDGS INC COM			20,700	868,466	997,119
	ZIONS BANCORPORATION	ZIONS BANCORPORATION N A			3,800	180,580	206,150
		ACUITY INC			1,000	115,360	292,130
		THE HARTFORD INSURANCE GROUP INC COM USD0.01			5,300	277,923	579,820
	<b>Equities total</b>				<b>12,013,170</b>	<b>\$ 178,274,072</b>	<b>\$ 220,616,750</b>
					<b>12,013,170</b>	<b>\$ 178,274,072</b>	<b>\$ 220,616,750</b>
	<b>Common collective and other trusts</b>						
	DDJ CAPITAL	CF DDJ HIGH YIELD GT (ONLY 1199) FUND			918,043	13,016,722	20,105,134

1199SEIU HOME CARE EMPLOYEES PENSION 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
	SSGA S & P 500	CF SSGA S&P 500 (R) FLAGSHIP SECURITIES NL (CM111)			28,977	16,807,486	46,221,509
	TCW	CF TCW EMERGING MARKETS FIXED INCOME CLASS L FD			1,129,526	15,356,697	19,122,882
	WA	CF WA FLOATING RATE HIGH INCOME FUND LLCFD			58,450	1,212,220	1,678,347
	WESTERN ASSET FDS	CF WESTN AST US CORE BD LLC			1,953,755	31,707,566	44,862,113
	WESTERN ASSET OPPORTUNISTIC USS HIGH YLD	CF WA OPPORTUNISTIC US \$ HIGH YIELD SEC PORT LLC			32,992	1,038,299	1,523,966
	WESTERN ASSET	CF WESTERN ASSET EMERGING MARKETS CORPORATE CREDIT PORTFOLIO LLC FD			10,792	187,710	254,457
	WESTERN	CF WESTERN ASSET EMERGING MARKETS LOCAL DEBT PORTFOLIO LLC FUND			128,800	2,274,409	2,273,200
					<b>4,261,335</b>	<b>\$ 81,601,109</b>	<b>\$ 136,041,608</b>
	<b>Common collective and other trusts total</b>				<b>4,261,335</b>	<b>\$ 81,601,109</b>	<b>\$ 136,041,608</b>
	<b>Private equity funds</b>						
		ARES SENIOR DIRECT LENDING FUND (CAYMAN)III LP			340,869	340,869	363,886
		ARES SPECIAL OPPORTUNITIES FUND II, LP			1,346,095	1,346,095	1,699,977
		CARLYLE CREDIT OPPORTUNITIES FUND III LP			370,024	370,024	408,975
		CASTLELAKE VI LP			2,070,147	2,070,147	2,535,732
		COMVEST CREDIT PARTNERS VI, L.P			1,666,642	1,666,642	1,353,723
		COMVEST CREDIT PARTNERS VII, LP			718,288	718,288	711,324
		DOVER STREET IX			1,944,631	1,944,631	2,300,447
		DOVER STREET VII CAYMAN FUND, LP			1,282,170	1,282,170	6,440
		DOVER STREET X L.P.			2,526,568	2,526,568	3,580,384
		HARBOURVEST INTL PVT EQUITYPARTNERS VI -CAYMAN PARTNERSHIP FD L.P			1,084,895	1,338,668	1,061,929
		HARBOURVEST PARTNERS IX-BUYOUT FUND			1,400,357	1,400,357	2,408,932
		HARBOURVEST PARTNERS IX-VENTURE FUND			3,030,297	3,030,297	6,828,114
		HARBOURVEST PARTNERS X BUYOUT FUND, LP			5,281,939	5,281,939	8,773,811
		HARBOURVEST PARTNERS X VENTURE FUND, LP			2,889,129	2,889,129	6,819,347
		HARBOURVEST PARTNERS XI BUYOUT FUND L.P			2,903,869	2,903,869	4,350,337
		HARBOURVEST PARTNERS XI VENTURE FUND LP			2,531,352	2,531,352	3,857,412
		HARBOURVEST PARTNERS XII BUYOUT FUND L.P.			3,999,965	3,999,965	4,985,360
		HARBOURVEST PARTNERS XII VENTURE FUND L.P.			10,343,078	10,343,078	12,815,925
		HARBOURVEST PARTNERS XIII BUYOUT FUND LP			1	1	26,722
		HARBOURVEST PARTNERS XIII VENTURE FUND LP - placeholder			1	1	40,436
		HIPEP IX Feeder Fund L.P.			4,403,663	4,403,663	5,047,584
		HIPEP VII PARTNERSHIP FUND LP			2,277,586	2,277,586	3,679,572
		HIPEP VIII PARTNERSHIP FUND LP			2,182,776	2,182,776	2,925,233
		HIPEP X FEEDER FUND LP			1	1	138,418
		ICG NORTH AMERICAN CREDIT PARTNERS FUND III(FEEDER) SCSP			359,429	359,429	337,748
		OAKTREE SPECIAL SITUATIONS FUND III, LP			636,412	636,412	839,752
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III LP			3,007,320	3,007,320	3,149,392
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV (T), LP			12,179,362	12,179,362	16,877,475
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V T LP			12,065,769	12,065,769	14,587,438
					<b>82,842,635</b>	<b>\$ 83,096,408</b>	<b>\$ 112,511,825</b>
	<b>Private equity funds total</b>				<b>82,842,635</b>	<b>\$ 83,096,408</b>	<b>\$ 112,511,825</b>
	<b>Real estate investment funds</b>						
	HEITMAN AMERICA	CF HEITMAN AMERICA REAL ESTATE TRUST LP FD	0.00%		320	336,375	393,763
	JPMCB	CF JPMCB STRATEGIC PROPERTY FUND	0.00%		481,512	4,981,154	5,323,591
	PRUDENTIAL	CF PRUDENTIAL PRISA SA	0.00%		72	4,701,697	5,641,519
		BRIDGE LOGISTICS US VENTURE II LP	0.00%		575,310	575,310	646,716
		BROOKFIELD PREMIER REAL ESTATE PARTNERS LP			4,215,053	4,215,053	3,960,021
		CARROLL MULTIFAMILY VENTURE VII, LP			1,418,502	1,418,502	686,610
		GID Mainstay Fund LP			4,061,750	4,061,750	4,232,723
		GREYSTAR GROWTH AND INCOME FUND			1,211,868	1,211,868	929,799

1199SEIU HOME CARE EMPLOYEES PENSION 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
		JADIAN REAL ESTATE FUND II-A, LP			300,015	300,015	302,513
		JAMESTOWN PREMIER PROPERTY FUND LP			3,449,059	3,449,059	919,517
		LION INDUSTRIAL TRUST PROPERTIES LP LIT INDUSTRIAL LP			3,401,062	3,401,062	5,322,766
		PRIME PROPERTY FUND LLC			7,607,409	7,607,409	7,470,829
		SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITES FUND II (E), LP			2,222,248	2,222,248	1,649,151
		SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITES FUND IIB (E), LP			1,116,601	1,116,601	948,772
		SIGULER GUFF DREOF II CO-INVESTMENT FUND(E), LP			772,402	772,402	460,989
		USAA EAGLE REAL ESTATE FEEDER I LP			1,693,779	1,693,779	3,404,554
		WCP NewCold III, L.P.			1,184,139	1,184,139	1,271,438
					<u>33,711,101</u>	<u>\$ 43,248,423</u>	<u>\$ 43,565,271</u>
	<b>Real estate investment funds total</b>				<u>33,711,101</u>	<u>\$ 43,248,423</u>	<u>\$ 43,565,271</u>
	<b>Hedge funds</b>						
	ABAG FIN AUTH FOR NONPROFIT CORPS CALIF	GROSVENOR FARIA FUND, LP 6-010743	0.00%		1,499,241	\$ 1,499,241	\$ 33,159,857
	<b>Hedge funds total</b>				<u>1,499,241</u>	<u>\$ 1,499,241</u>	<u>\$ 33,159,857</u>
	<b>Securities Lending</b>						
	FEDERAL HOME LOAN BANKS	Agency Bd/Note	0.79%		7,987	7,987	7,987
	FFCB	Agency Bd/Note	0.78%	1/2/2025	2,397	2,397	2,397
	FFCB	Agency Bd/Note	0.79%	1/2/2025	799	799	799
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	26,772	26,772	26,772
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	5,994	5,994	5,994
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.79%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	6,993	6,993	6,993
	FFCB	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	8,791	8,791	8,791
	FFCB	Agency Bd/Note	0.80%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	7,992	7,992	7,992
	FHLB	Agency Bd/Note	0.77%	1/2/2025	11,987	11,987	11,987
	FHLB	Agency Bd/Note	0.78%	1/2/2025	19,980	19,980	19,980
	FHLB	Agency Bd/Note	0.78%	1/2/2025	7,992	7,992	7,992
	FHLB	Agency Bd/Note	0.80%	1/2/2025	3,996	3,996	3,996
	FHLB	Agency Bd/Note	0.92%		1,998	1,998	1,998
	FHLB	Agency Bd/Note	0.94%		7,992	7,992	7,992
	FHLB	Agency Discr Nt	0.78%		3,938	3,938	3,938
	FHLB	Agency Discr Nt	0.79%		7,950	7,950	7,950
	FHLB	Agency Discr Nt	0.79%		3,972	3,972	3,972
	FHLMC	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FHLMC	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FNMA	Agency Bd/Note	0.80%	1/2/2025	6,793	6,793	6,793
	IDLE CASH DI		0.00%	1/2/2025	11,988	11,988	11,988
	TREASURY BILL	Treasury Bill	0.77%		3,970	3,970	3,970
	TREASURY BILL	Treasury Bill	0.77%		5,968	5,968	5,968
	TREASURY BILL	Treasury Bill	0.80%		1,969	1,969	1,969
	TREASURY BILL	Treasury Bill	0.80%		87,095	87,095	87,095
	TREASURY BILL	Treasury Bill	0.80%		9,905	9,905	9,905
	TREASURY BILL	Treasury Bill	0.80%		3,971	3,971	3,971

1199SEIU HOME CARE EMPLOYEES PENSION 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
	TREASURY BILL	Treasury Bill	0.80%		7,979	7,979	7,979
	TREASURY BILL	Treasury Bill	0.81%		3,965	3,965	3,965
	TREASURY BILL	Treasury Bill	0.81%		15,982	15,982	15,982
	TREASURY BILL	Treasury Bill	0.81%		3,969	3,969	3,969
	TREASURY BILL	Treasury Bill	0.82%		1,992	1,992	1,992
	TREASURY BILL	Treasury Bill	0.82%		1,996	1,996	1,996
	TRI-PARTY BANK OF AMERICA NA	Repo.Agmts.	0.79%		19,980	19,980	19,980
	TRI-PARTY BARCLAYS BANK PLC	Repo.Agmts.	0.76%		94,303	94,303	94,303
	TRI-PARTY CANADIAN IMPERIAL BANK O	Repo.Agmts.	0.76%		19,980	19,980	19,980
	TRI-PARTY CITIGROUP GLOBAL MARKETS	Repo.Agmts.	0.79%		94,303	94,303	94,303
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agmts.	0.79%		19,980	19,980	19,980
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agmts.	0.79%		39,959	39,959	39,959
	TRI-PARTY ROYAL BANK OF CANADA (NE	Repo.Agmts.	0.76%		19,980	19,980	19,980
	TRI-PARTY SOCIETE GENERALE (NEW YO	Repo.Agmts.	0.79%		53,945	53,945	53,945
	<b>Securities Lending total</b>				<u>695,474</u>	<u>695,474</u>	<u>695,474</u>
					<u>695,474</u>	<u>695,474</u>	<u>695,474</u>
	<b>Total assets held</b>				<u>147,073,424</u>	<u>400,511,241</u>	<u>558,687,299</u>

\* Party-in-interest

See accompanying independent auditors' report

1199SEIU Home Care Employees Pension 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)
NT COLLECTIVE GOVT SHORT TERM INVT FD	Acquisitions	871	\$ 145,340,191	-	\$ -	145,340,191	145,340,191	\$ -
NT COLLECTIVE GOVT SHORT TERM INVT FD	Dispositions	-	-	622	(144,919,743)	144,919,743	144,919,743	-

See accompanying independent auditors' report

## Section 3: Certificate of Actuarial Valuation

### Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023 and shows count and average accrued monthly benefit at Normal Retirement Age.

#### Pension Credits

Age	Total	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	8	—	8	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
20 - 24	137	—	136	1	—	—	—	—	—	—	—
	\$10	—	\$10	—	—	—	—	—	—	—	—
25 - 29	353	—	277	76	—	—	—	—	—	—	—
	18	—	13	\$34	—	—	—	—	—	—	—
30 - 34	673	—	453	214	6	—	—	—	—	—	—
	22	—	14	38	—	—	—	—	—	—	—
35 - 39	1,149	1	664	423	49	12	—	—	—	—	—
	27	—	15	39	\$67	—	—	—	—	—	—
40 - 44	1,696	—	910	610	111	55	10	—	—	—	—
	31	—	16	40	69	\$95	—	—	—	—	—
45 - 49	2,667	—	1,223	1,016	237	122	63	6	—	—	—
	36	—	16	40	70	96	\$122	—	—	—	—
50 - 54	4,390	1	1,697	1,616	449	369	199	45	13	1	—
	44	—	16	42	69	96	123	\$140	—	—	—
55 - 59	6,128	1	1,993	2,164	689	655	392	149	78	7	—
	52	—	17	42	70	96	124	140	\$140	—	—
60 - 64	6,715	—	1,851	2,283	803	768	533	265	167	45	—
	58	—	17	42	70	96	124	140	140	\$140	—
65 - 69	4,145	—	1,051	1,467	474	427	307	196	168	53	2
	61	—	18	42	70	96	123	140	140	140	—
70 & over	2,327	—	425	669	278	301	251	169	154	75	5
	74	—	18	43	71	97	124	140	140	140	—
Unknown	188	—	175	13	—	—	—	—	—	—	—
	11	—	10	—	—	—	—	—	—	—	—
<b>Totals</b>	<b>30,576</b>	<b>3</b>	<b>10,863</b>	<b>10,552</b>	<b>3,096</b>	<b>2,709</b>	<b>1,755</b>	<b>830</b>	<b>580</b>	<b>181</b>	<b>7</b>
	<b>\$50</b>	<b>—</b>	<b>\$16</b>	<b>\$42</b>	<b>\$70</b>	<b>\$96</b>	<b>\$124</b>	<b>\$140</b>	<b>\$140</b>	<b>\$140</b>	<b>—</b>

Note: Excludes 2,299 participants with less than one pension credit and less than one vesting credit.

## Section 3: Certificate of Actuarial Valuation

### Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

#### Mortality rates

**Healthy:** 95% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex-specific), projected generationally from 2012 using Scale MP-2021.

**Disabled:** Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.

**Contingent survivor:** 95% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.

The mortality tables projected to the measurement date using Scale MP-2021 reasonably reflect the mortality experience of the Plan as of the measurement date. These resulting mortality tables were then adjusted to future years with generational projection using Scale MP-2021 to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of liability change due to deaths and the projected liability change based on the prior year's assumption over the past several years.

#### Annuitant mortality rates<sup>1</sup>

Age	Healthy Male (%)	Healthy Female (%)	Disabled Male (%)	Disabled Female (%)	Contingent Survivor Male (%)	Contingent Survivor Female (%)
55	0.61	0.46	2.17	1.47	1.60	0.78
60	0.88	0.67	2.35	1.71	1.95	1.04
65	1.21	1.02	2.87	2.13	2.46	1.45
70	1.95	1.56	3.94	2.84	3.25	2.07
75	3.16	2.49	5.81	4.04	4.48	3.04
80	5.43	4.13	8.92	6.15	6.44	4.58
85	9.29	7.11	13.71	9.87	9.69	7.29
90	15.71	12.39	20.52	16.11	15.51	12.39

<sup>1</sup> Mortality rates shown for base table.

## Section 3: Certificate of Actuarial Valuation

### Termination rates

Age	Mortality Male <sup>1</sup> (%)	Mortality Female <sup>1</sup> (%)	Disability (%)	Withdrawal <sup>2</sup> (%)
20	0.07	0.02	0.01	24.44
25	0.07	0.03	0.01	25.91
30	0.07	0.03	0.01	17.07
35	0.07	0.04	0.02	12.29
40	0.09	0.06	0.02	9.80
45	0.12	0.09	0.05	8.69
50	0.18	0.13	0.10	7.88
55	0.28	0.20	0.21	4.09
60	0.44	0.30	0.44	3.08

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the past several years.

### Retirement rates

Age <sup>3</sup>	Active Participants	Inactive Vested Participants
55 – 61	1%	5%
62 – 64	5	10
65	15	25
66	15	15
67 – 70	10	10
71 and over	100	100

<sup>1</sup> Mortality rates shown for base table.

<sup>2</sup> Withdrawal rates cut out at normal retirement age.

<sup>3</sup> If eligible

## Section 3: Certificate of Actuarial Valuation

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past five years.

### Description of weighted average retirement age

Age 69, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

### Future benefit accruals

One pension credit per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

### Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be female.

### Definition of active participants

Active participants are defined as those who have earned at least one-quarter pension credit in the most recent credit year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

### Exclusion of inactive vested participants

Inactive participants and spouses of deceased inactive participants over age 75 are excluded from the valuation.

The exclusion of inactive vested participants over age 75 was based on historical and current demographic data, adjusted to reflect the changes in plan design, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

## Section 3: Certificate of Actuarial Valuation

### **Percent married**

75%

### **Age of spouse**

Females three years younger than males if age is unknown.

### **Benefit election**

75% of participants are assumed to elect the life annuity form of payment with 60 months guaranteed and 25% of participants are assumed to elect the 50% husband-and-wife form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

### **Delayed retirement factors**

Inactive vested participants after attaining age 65.

### **Net investment return**

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

### **Annual administrative expenses**

\$8,700,000 for the year beginning January 1, 2024 (equivalent to \$8,388,519 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect the budget for the upcoming year, estimated future experience and professional judgment.

## Section 3: Certificate of Actuarial Valuation

### Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five – year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

### Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

### Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

### Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using 2024 Adjusted Scale MP-2021 (previously, RP-2014 employee and annuitant mortality tables, adjusted backwards to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 was used).

### Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 8.6%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 13.5%, for the Plan Year ending December 31, 2023

### FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

## Section 3: Certificate of Actuarial Valuation

### Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

### Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
  - Mortality for healthy lives, previously 100% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex-specific), projected generationally from 2012 using Scale MP-2021.
  - Mortality for contingent survivor, previously 100% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.

## **Notice to Terminated Enrolled Actuary**

I, as plan administrator, verify that the explanation below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2024 Form 5500, Annual Return/Report of the 1199SEIU Home Care Employees Pension Fund. This Form 5500 is identified by the nine-digit EIN – 13-3943904, and by the three-digit PN 001.

Explanation: The enrolled actuary was not “terminated” but changed due to retirement and a reassignment of duties within the same firm.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Signed

Dated

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$2,398,472	\$3,810,636	\$28,026,682	\$34,235,790
2025	3,367,877	5,650,939	27,113,100	36,131,916
2026	4,354,958	7,408,378	26,128,112	37,891,448
2027	5,367,316	9,063,347	25,067,194	39,497,857
2028	6,408,441	10,595,399	23,968,227	40,972,067
2029	7,140,320	11,686,752	22,799,292	41,626,364
2030	7,919,374	12,804,821	21,705,906	42,430,101
2031	8,688,660	13,800,021	20,592,954	43,081,635
2032	9,384,651	14,652,259	19,464,906	43,501,816
2033	10,010,174	15,363,410	18,326,534	43,700,118
2034	10,570,306	15,955,885	17,182,849	43,709,040
2035	11,053,149	16,449,646	16,039,104	43,541,899
2036	11,428,567	16,795,621	14,900,746	43,124,934
2037	11,721,782	17,034,238	13,773,428	42,529,448
2038	11,920,901	17,151,843	12,662,974	41,735,718
2039	12,055,022	17,176,943	11,575,277	40,807,242
2040	12,103,496	17,103,750	10,516,348	39,723,594
2041	12,081,275	16,930,349	9,492,199	38,503,823

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment\_SchMB\_Line8b(1)

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$12,000,150	\$16,656,655	\$8,508,668	\$37,165,473
2043	11,870,467	16,311,283	7,571,238	35,752,988
2044	11,664,992	15,882,697	6,684,900	34,232,589
2045	11,420,776	15,386,239	5,854,009	32,661,024
2046	11,114,429	14,839,158	5,082,172	31,035,759
2047	10,773,689	14,226,917	4,372,124	29,372,730
2048	10,391,167	13,578,126	3,725,624	27,694,917
2049	9,979,695	12,900,965	3,143,370	26,024,030
2050	9,546,322	12,198,096	2,624,926	24,369,344
2051	9,083,435	11,476,836	2,168,744	22,729,015
2052	8,606,556	10,739,931	1,772,245	21,118,732
2053	8,122,496	10,008,900	1,431,951	19,563,347
2054	7,626,197	9,282,777	1,143,670	18,052,644
2055	7,125,319	8,574,900	902,700	16,602,919
2056	6,635,421	7,884,779	704,031	15,224,231
2057	6,150,899	7,216,253	542,548	13,909,700
2058	5,678,759	6,575,957	413,199	12,667,915
2059	5,215,328	5,970,009	311,143	11,496,480

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment\_SchMB\_Line8b(1)

Page 2 of 3

## Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$4,772,465	\$5,392,107	\$231,852	\$10,396,424
2061	4,351,042	4,856,745	171,200	9,378,987
2062	3,953,880	4,354,792	125,517	8,434,189
2063	3,579,560	3,889,547	91,621	7,560,728
2064	3,229,525	3,461,356	66,826	6,757,707
2065	2,905,564	3,068,489	48,919	6,022,972
2066	2,605,724	2,712,326	36,127	5,354,177
2067	2,330,229	2,388,042	27,064	4,745,335
2068	2,079,238	2,096,336	20,674	4,196,248
2069	1,849,141	1,834,767	16,168	3,700,076
2070	1,641,023	1,601,760	12,973	3,255,756
2071	1,452,323	1,394,510	10,679	2,857,512
2072	1,282,915	1,211,008	9,001	2,502,924
2073	1,130,520	1,048,852	7,740	2,187,112

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment\_SchMB\_Line8b(1)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$18,011,280	-	\$18,011,280
2025	\$18,011,280	-	\$18,011,280
2026	\$18,011,280	-	\$18,011,280
2027	\$18,011,280	-	\$18,011,280
2028	\$18,011,280	-	\$18,011,280
2029	\$18,011,280	-	\$18,011,280
2030	\$18,011,280	-	\$18,011,280
2031	\$18,011,280	-	\$18,011,280
2032	\$18,011,280	-	\$18,011,280
2033	\$18,011,280	-	\$18,011,280

## Section 3: Certificate of Actuarial Valuation

### Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

#### Plan year

January 1 through December 31

#### Pension credit year

January 1 through December 31

#### Plan status

Ongoing plan

#### Regular/Reduced pension

- **Age Requirement:** 65
- **Service Requirement:** 10 pension credits including one-quarter of a pension credit earned during the contribution period.
- **Amount:** \$5.60 per month for each pension credit, to a maximum of 25 pension credits (\$140 maximum).
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA, and 1.5% for each month greater than age 70.

#### Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits including one-quarter of a pension credit earned during the contribution period.
- **Amount:** Regular/Reduced pension accrued, reduced by 6% for each year of age less than 65

## Section 3: Certificate of Actuarial Valuation

### Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits including one-quarter of a pension credit earned during the contribution period.
- **Amount:** Early retirement pension assuming age 55 for benefit calculation purposes if the participant is younger than age 55 on the effective date of pension.

### Vesting

- **Age Requirement:** None
- **Service Requirement:** Five pension credits including one-quarter of a pension credit earned during the contribution period or five years of vesting service.
- **Amount:** Regular/Reduced or Early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** The later of age 65 of the participant on the fifth anniversary of participation.

### Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five pension credits including one-quarter of a pension credit earned during the contribution period or five years of vesting service.
- **Amount:** 50% of the benefit participant would have received had the participant retired the day before death and elected the husband-and-wife option. If the participant died prior to eligibility for an early retirement pension, the spouse's pension is deferred to the date the participant would have reached the earliest retirement date under the Plan.
- **Charge for Coverage:** None

### 60-month guarantee (if not eligible for spouse's benefit)

- **Requirement:** Eligible for Regular/Reduced or Early retirement and active at time of death
- **Service Requirement:** Monthly benefit to which the employee would have been entitled if retired the day before death.

## Section 3: Certificate of Actuarial Valuation

### Post-retirement death benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 50% husband-and-wife annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the husband-and-wife coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction.

### Participation

Earliest of January 1 or July 1, following completion of a 12-consecutive month period during which 1,000 hours of service in covered employment is completed.

### Pension credit

Hours of service in covered employment during a calendar year	Pension Credits
250 – 499 hours	$\frac{1}{4}$
500 – 749 hours	$\frac{1}{2}$
750 – 999 hours	$\frac{3}{4}$
1,000 or more hours	1

### Vesting credit

One year of vesting service for each calendar year in which the employee works at least 1,000 hours.

### Contribution rate

\$0.40 per hour, effective January 1, 2024, for all but seven employers who remain at the \$0.36 rate.

### Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

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## Section 3: Certificate of Actuarial Valuation

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/1996	\$4,081	2	\$2,110
Plan amendment	01/01/1996	1,642,727	2	849,139
Plan amendment	01/01/1997	512,167	3	182,394
Initial unfunded liability	04/01/1997	10,086,944	3.25	3,343,037
Plan amendment	01/01/1998	2,646,941	4	730,328
Plan amendment	07/01/1998	4,777,062	4.5	1,190,630
Plan amendment and assumption change due to merger	01/01/2002	81,090	8	12,692
2008 investment loss subject to relief	01/01/2009	34,692,048	14	3,707,346
2008 investment loss subject to relief	01/01/2010	4,287,053	14	458,133
2008 investment loss subject to relief	01/01/2011	4,505,189	14	481,444
2008 investment loss subject to relief	01/01/2012	3,570,259	14	381,534
2008 investment loss subject to relief	01/01/2013	7,163,062	14	765,477
2008 investment loss subject to relief	01/01/2014	11,244,588	14	1,201,646
Actuarial loss	01/01/2015	1,828,968	6	358,607
Actuarial loss	01/01/2016	7,556,381	7	1,310,384
Actuarial loss	01/01/2017	3,930,907	8	615,234
Change in assumptions	01/01/2017	4,045,682	8	633,197
Actuarial loss	01/01/2019	2,814,541	10	374,512
Change in assumptions	01/01/2021	16,893,185	12	1,987,744
Change in assumptions	01/01/2024	6,642,442	15	681,593
<b>Total</b>		<b>\$128,925,317</b>		<b>\$19,267,181</b>

## Section 3: Certificate of Actuarial Valuation

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2005	\$1,208,390	11	\$150,605
Change in assumptions	01/01/2006	4,157,359	12	489,177
Change in assumptions	01/01/2007	7,303,497	13	816,701
Actuarial gain	01/01/2010	3,005,582	1	3,005,582
Actuarial gain	01/01/2011	1,717,027	2	887,545
Actuarial gain	01/01/2012	144,906	3	51,604
Change in assumptions	01/01/2012	1,376,383	3	490,162
Plan amendment	06/01/2012	3,134,134	3.42	993,428
Actuarial gain	01/01/2013	288,394	4	79,572
Actuarial gain	01/01/2014	9,622,393	5	2,193,282
Actuarial gain	01/01/2018	2,902,146	9	416,299
Change in assumptions	01/01/2019	2,592,826	10	345,009
Actuarial gain	01/01/2020	3,415,988	11	425,744
Actuarial gain	01/01/2021	14,561,092	12	1,713,337
Actuarial gain	01/01/2022	21,217,949	13	2,372,659
Actuarial gain	01/01/2023	4,579,948	14	489,434
Actuarial gain	01/01/2024	10,899,316	15	1,118,398
<b>Total</b>		<b>\$92,127,330</b>		<b>\$16,038,538</b>

## Section 3: Certificate of Actuarial Valuation

### Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

### Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
  - Mortality for healthy lives, previously 100% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex-specific), projected generationally from 2012 using Scale MP-2021.
  - Mortality for contingent survivor, previously 100% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally from 2012 using Scale MP-2021.

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

<b>A</b> Name of plan 1199 SEIU HOME CARE EMPLOYEES PENSION FUND	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE 1199 SEIU HOME CARE EMPLOYEES PENSION FUND	<b>D</b> Employer Identification Number (EIN) 13-3943904	

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

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

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	524,493,387
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	532,090,441
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	509,615,913
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	509,615,913
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	766,829,395
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	16,837,900
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	34,227,272
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	42,927,272

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

<b>SIGN HERE</b>	Aida Domlija Signature of actuary Aida Domlija, FSA, EA, MAAA Type or print name of actuary  SEGAL Firm name  66 HUDSON BLVD E, 20th FLOOR NEW YORK NY 10001-2192 Address of the firm	10/06/2025 Date 2306955 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**k** Has a change been made in funding method for this plan year?  Yes  No

**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?  Yes  No

**m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	A A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.00 % 7.00 %
<b>e</b> Salary scale.....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate.....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	8.6 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	13.5 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	8,388,519
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10,899,316	-1,118,398
4	6,642,442	681,593

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... 8a

**b** Demographic, benefit, and contribution information

**(1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.  Yes  No

**(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions).  Yes  No

**(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code?  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. 8d(2)

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... 8d(4)

**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?  Yes  No

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) .....	<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	17,156,751
<b>c</b> Amortization charges as of valuation date:		
	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	128,925,317
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	2,549,675
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	38,973,607
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	59,272,515
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	16,996,458
<b>h</b> Amortization credits as of valuation date.....		
	Outstanding balance	
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9h</b>	92,127,330
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	172,315,446
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	0
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	5,817,077
<b>j</b> Full funding limitation (FFL) and credits:		
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	65,860,417
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	172,315,446
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	0
<b>k</b> (1) Waived funding deficiency.....	<b>9k(1)</b>	0
<b>(2)</b> Other credits.....	<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	98,124,588
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	59,150,981
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1199SEIU Home Care Employees Pension 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)
NT COLLECTIVE GOVT SHORT TERM INVT FD	Acquisitions	871	\$ 145,340,191	-	\$ -	145,340,191	145,340,191	\$ -
NT COLLECTIVE GOVT SHORT TERM INVT FD	Dispositions	-	-	622	(144,919,743)	144,919,743	144,919,743	-

See accompanying independent auditors' report

1199SEIU HOME CARE EMPLOYEES PENSION 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
	<b>Short-term investments</b>						
	DEFAULT ISSUER	United States dollar	0.00%		-	\$ 46,046	\$ 46,046
*	NORTHERN TR GLOBAL INVTS COLLECTIVE FDS	NT COLLECTIVE GOVT SHORT TERM INVNT FD	4.50%		7,863,054	7,863,054	7,863,054
*	NORTHERN TR GLOBAL INVTS COLLECTIVE FDS	NT COLLECTIVE GOVT SHORT TERM INVNT FD	4.50%		2,936,671	2,936,671	2,936,671
*	NORTHERN TRUST CORPORATION	Brazilian real - Cash	0.00%		-	-	-
*	NORTHERN TRUST CORPORATION	British pound sterling - Cash			42,721	42,721	42,721
*	NORTHERN TRUST CORPORATION	Canadian dollar - Cash			5,921	5,921	5,921
*	NORTHERN TRUST CORPORATION	Chilean peso - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Danish krone - Cash			24,363	24,363	24,363
*	NORTHERN TRUST CORPORATION	Euro - Cash			1,101,222	1,101,222	1,101,222
*	NORTHERN TRUST CORPORATION	HK offshore Chinese Yuan Renminbi - Cash			4,137	4,137	4,137
*	NORTHERN TRUST CORPORATION	Hong Kong dollar - Cash			3,473	3,473	3,473
*	NORTHERN TRUST CORPORATION	Indian rupee - Cash			29,575	29,575	29,575
*	NORTHERN TRUST CORPORATION	Indonesian rupiah - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Japanese yen - Cash			13,370	13,370	13,370
*	NORTHERN TRUST CORPORATION	Mexican peso - Cash			5,303	5,303	5,303
*	NORTHERN TRUST CORPORATION	New Taiwan dollar - Cash			1	1	1
*	NORTHERN TRUST CORPORATION	Polish zloty - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Russian ruble - Cash			15,999	15,999	15,999
*	NORTHERN TRUST CORPORATION	Singapore dollar - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	South African rand - Cash			5	5	5
*	NORTHERN TRUST CORPORATION	South Korean won - Cash			-	-	-
*	NORTHERN TRUST CORPORATION	Swedish krona - Cash			464	464	464
*	NORTHERN TRUST CORPORATION	Swiss franc - Cash			4,306	4,306	4,306
*	NORTHERN TRUST CORPORATION	United States dollar - Cash			(117)	(117)	(117)
					<b>12,050,468</b>	<b>\$ 12,096,514</b>	<b>\$ 12,096,514</b>
	<b>Short-term investments total</b>				<b>12,050,468</b>	<b>\$ 12,096,514</b>	<b>\$ 12,096,514</b>
	<b>Equities</b>						
	3I GROUP	3I GROUP ORD GBP0.738636			4,844	192,214	216,215
	ACCOR SA	ACCOR SA EUR3			4,753	200,030	231,518
	ACUSHNET HLDGS CORP	ACUSHNET HLDGS CORP COM			32,855	1,266,659	2,335,333
	ADEIA INC	ADEIA INC COM			13,200	158,124	184,536
	ADOBE INC	ADOBE INC COM			611	333,992	271,699
	ADTALEM GLOBAL ED INC	ADTALEM GLOBAL ED INC COM			2,200	149,759	199,870
	ADVANCED MICRO DEVICES INC	ADVANCED MICRO DEVICES INC COM			1,354	205,031	163,550
	ADVANTECH CO LTD	ADVANTECH CO LTD TWD10			28,098	342,610	296,968
	AENA SME S.A.	AENA SME S.A. 144A EUR10			1,957	376,727	400,026
	AFLAC INC	AFLAC INC COM			2,300	79,468	237,912
	AGCO CORP DEL	AGCO CORP COM			3,300	169,338	308,484
	AIA GROUP LIMITED	AIA GROUP LTD NPV			135,000	1,068,485	978,443
	AIR LIQUIDE(L')	AIR LIQUIDE(L') EUR5.50			4,634	699,117	752,982
	AKZO NOBEL NV	AKZO NOBEL NV EURO.50(POST REV SPLIT)			7,163	522,123	429,906
	ALBERTSONS COS INC	ALBERTSONS COS INC CL A CL A			12,800	270,756	251,392
	ALIBABA GROUP HOLDING LTD	ALIBABA GROUP HOLDING LTD			57,100	614,100	605,699
	ALLIANZ SE	ALLIANZ SE NPV(REGD)(VINKULIERT)			1,826	444,964	559,495
	ALLISON TRANSMISSION HLDGS INC	ALLISON TRANSMISSION HOLDING			3,200	236,893	345,792
	ALLY FINL INC	ALLY FINL INC COM			4,100	127,372	147,641
	ALPHABET INC	ALPHABET INC CAP STK USD0.001 CL C			5,208	780,134	991,812
	ALSTOM	ALSTOM EUR7.0			32,571	561,824	727,160
	ALTRIA GROUP INC	ALTRIA GROUP INC COM			6,600	289,457	345,114

## 1199SEIU HOME CARE EMPLOYEES PENSION 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
	AMADEUS IT GROUP SA	AMADEUS IT GROUP EURO.01			664	41,580	46,892
	AMAZON COM INC	AMAZON COM INC COM			19,882	3,444,675	4,361,913
	AMERICAN AXLE & MFG HLDGS INC	AMERICAN AXLE & MFG HLDGS INC COM			900	12,974	5,247
	AMERICAN FINL GROUP INC OHIO	AMER FINL GROUP INC OH COM STK			1,700	88,837	232,781
	AMERICAN INTL GROUP INC	AMERICAN INTERNATIONAL GROUP INC COM			7,000	399,021	509,600
	AMERIPRISE FINL INC	AMERIPRISE FINL INC COM			700	41,818	372,701
	AMKOR TECHNOLOGY INC	AMKOR TECHNOLOGY INC COM			5,800	157,617	149,002
	ANHEUSER BUSCH INBEV SA/NV	ADR ANHEUSER BUSCH INBEV SA/NV SPONSOREDADR			2,062	113,897	103,244
	ANHEUSER-BUSCH INBEV SA/NV	ANHEUSER-BUSCH INB NPV			10,297	561,071	514,468
	ANTOFAGASTA PLC	ANTOFAGASTA PLC ORD GBP0.05			56,865	1,169,222	1,132,362
	AON PLC	AON PLC			1,718	629,026	617,037
	APA CORP	APA CORP COM			4,000	178,705	92,360
	APPLE INC	APPLE INC COM STK			15,471	3,123,091	3,874,247
	APPLIED MATLS INC	APPLIED MATERIALS INC COM			1,700	76,161	276,471
	APPROVIN CORP	APPROVIN CORP COM CL A COM CL A			7,987	934,420	2,586,430
	ARCBEST CORP	ARCBEST CORP COM USD0.01			1,600	119,179	149,312
	ARCELORMITTAL	ARCELORMITTAL NPV			10,476	241,213	243,318
	ARGENX SE	ADR ARGENX SE SPONSORED ADS			958	372,045	589,170
	ARGENX SE	ARGEN X SE			454	191,266	282,070
	ARROW ELECTRS INC	ARROW ELECTR INC COM			2,000	150,211	226,240
	ARTISAN PARTNERS ASSET MGMT INC	ARTISAN PARTNERS ASSET MGMT INC CL A CL A			35,951	1,376,194	1,547,691
	ASML HOLDING NV	ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT)			394	282,303	273,074
	ASPEN TECHNOLOGY INC NEW FORMERLY EMERS	#REORG/ASPEN MERGER 03-13-2025			5,314	714,895	1,326,534
	ASTERA LABS INC	ASTERA LABS INC COM			2,741	119,440	363,405
	ASTRAZENECA PLC	ASTRAZENECA ORD USD0.25			3,677	491,584	482,059
	AT&T INC	AT&T INC COM			38,900	909,367	885,753
	AUTONATION INC	AUTONATION INC COM			1,100	124,288	186,824
	AVNET INC	AVNET INC COM			2,900	122,650	151,728
	AXA SA	AXA SA EUR2.29			12,200	363,729	433,568
	AXIS BANK	AXIS BANK LTD INR2			20,231	253,262	251,594
	B3 SA - BRASIL BOLSA BALCAO	B3 SA COM NPV			403,700	978,692	674,374
	BANCFIRST CORP	BANCFIRST CORP COM			12,683	909,226	1,486,194
	BANCO BRADESCO S A	ADR BANCO BRADESCO S A SPONSORED ADR REPSTG PFD SHS NEW 2004			27,962	77,164	53,407
	BANK AMER CORP	BANK OF AMERICA CORP			3,900	81,089	171,405
	BANK CENTRAL ASIA	BK CENTRAL ASIA IDR12.50			840,900	479,291	505,480
	BANK NEW YORK MELLON CORP	BANK NEW YORK MELLON CORP COM STK			9,300	461,781	714,519
	BANKUNITED INC	BANKUNITED INC			3,400	123,824	129,778
	BARCLAYS PLC	BARCLAYS PLC ORD GBP0.25			198,620	360,917	667,028
	BARRICK GOLD CORPORATION	BARRICK GOLD CORP COM NPV			5,300	103,369	82,142
	BAXTER INTL INC	BAXTER INTL INC COM			6,900	232,532	201,204
	BERKELEY GROUP HLDGS	BERKELEY GROUP (THE)/ORD GBP0.05611047			2,431	115,323	118,739
	BERRY GLOBAL GROUP INC	#REORG/ BERRY GLOBAL GROUP INC MERGER AMCOR PLC 2Y19AS2 04-30-2025			5,200	236,907	336,284
	BEST BUY INC	BEST BUY INC COM STK			1,900	139,393	163,020
	BFF BANK SPA	BFF BANK S.P.A.			22,787	229,888	217,083
	BIONTECH SE	ADR BIONTECH SE ADS			1,282	144,490	146,084
	BLOCK H & R INC	BLOCK H & R INC COM			3,800	156,504	200,792
	BLUE OWL CAP CORP	BLUE OWL CAP CORP			14,900	205,591	225,288
	BNP PARIBAS	BNP PARIBAS EUR2			6,951	438,060	426,251
	BORGWARNER INC	BORG WARNER INC COM			6,000	204,128	190,740
	BOSTON SCIENTIFIC CORP	BOSTON SCIENTIFIC CORP COM			5,395	321,084	481,881
	BP	BP ORD USD0.25			86,904	506,839	427,736
	BRINKS CO	BRINKS CO COM			2,300	235,765	213,371
	BRISTOL MYERS SQUIBB CO	BRISTOL MYERS SQUIBB CO COM			10,900	597,606	616,504
	BRITISH AMERICAN TOBACCO	BRITISH AMERICAN TOBACCO ORD GBP0.25			20,407	753,083	736,063
	BROADCOM INC	BROADCOM INC COM			8,762	1,359,319	2,031,382
	BUNGE GLOBAL SA	BUNGE GLOBAL SA F COMMON STOCK			3,200	310,052	248,832

1199SEIU HOME CARE EMPLOYEES PENSION 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
	BUREAU VERITAS	BUREAU VERITAS EURO.12			5,166	166,492	156,951
	BURLINGTON STORES INC	BURLINGTON STORES INC COM			579	135,919	165,050
	CADENCE DESIGN SYS INC	CADENCE DESIGN SYS INC COM			1,680	454,370	504,773
	CALIFORNIA RES CORP	CALIFORNIA RES CORP COM USD0.01			4,800	209,146	249,072
	CAMECO CORP	CAMECO CORP COM			8,983	444,258	461,636
	CANADIAN PAC KANS CITY LTD	CDN PAC KANS CY COM NPV			14,918	1,151,663	1,079,589
	CARDINAL HEALTH INC	CARDINAL HLTH INC			2,500	269,202	295,675
	CARREFOUR SA	CARREFOUR SA EUR2.50			8,489	161,655	120,692
	CEMEX S A B DE C V	ADR CEMEX SAB DE CV			30,268	237,461	170,712
	CENTENE CORP DEL	CENTENE CORP DEL COM			3,000	227,319	181,740
	CHARTER COMMUNICATIONS INC NEW	CHARTER COMMUNICATIONS INC NEW CL A CL A			490	185,710	167,957
	CHECK POINT SOFTWARE TECHNOLOGIES LTD	CHECK PT SOFTWARE TECHNOLOGIES ORDILS.01			750	131,182	140,025
	CHEMOURS CO	CHEMOURS CO COM			5,900	199,761	99,710
	CHINA RESOURCES LAND	CHINA RESOURCES LAND HKD0.10			143,491	491,693	416,548
	CIGNA GROUP	THE CIGNA GROUP			1,400	354,285	386,596
	CIRRUS LOGIC INC	CIRRUS LOGIC INC COM			2,500	232,663	248,950
	CISCO SYS INC	CISCO SYSTEMS INC			11,700	314,937	692,640
	CITIGROUP INC	CITIGROUP INC COM NEW COM NEW			9,300	771,303	654,627
	CITIZENS FINL GROUP INC	CITIZENS FINL GROUP INC COM			6,000	204,194	262,560
	CLEARWATER ANALYTICS HLDGS INC	CLEARWATER ANALYTICS HLDGS INC CL A CL A			69,271	1,295,873	1,906,338
	CLICKS GROUP LTD	CLICKS GROUP LTD ZAR0.01			24,458	367,130	483,587
	CNA FINL CORP	CNA FNCL CORP COM			3,800	87,608	183,806
	COCA-COLA BOTTLERS JAPAN HLDGS INC	COCA-COLA BOTTLERS NPV			8,694	116,774	138,133
	COMCAST CORP NEW	COMCAST CORP NEW-CL A			17,300	628,778	649,269
	COMPAGNIE DE ST-GOBAIN	CIE DE ST-GOBAIN EUR4			6,723	581,224	596,615
	COMPASS GROUP PLC	COMPASS GROUP ORD GBP0.1105			2,778	60,925	92,615
	CONAGRA BRANDS INC	CONAGRA BRANDS INC COM USDS			5,900	210,431	163,725
	CONOCOPHILLIPS	CONOCOPHILLIPS COM			2,116	236,463	209,844
	CORE SCIENTIFIC INC NEW	CORE SCIENTIFIC INC NEW COM			21,253	303,009	298,605
	COREBRIDGE FINL INC	COREBRIDGE FINL INC COM			5,900	183,126	176,587
	CORVEL CORP	CORVEL CORP COM			26,607	755,409	2,960,294
	CREDICORP LTD	CREDICORP LTD COM STK			3,050	526,297	559,126
	CUMMINS INC	CUMMINS INC			1,700	242,710	592,620
	CVS HEALTH CORP	CVS HEALTH CORP COM			7,900	561,593	354,631
	DANONE	DANONE EURO.25			2,485	145,524	167,568
	DANSKE BANK A/S	DANSKE BANK A/S DKK10			15,957	399,052	451,350
	DAVITA INC	DAVITA INC COM			1,000	87,013	149,550
	DELL TECHNOLOGIES INC	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK			4,100	168,432	472,484
	DELTA AIR LINES INC DEL	DELTA AIR LINES INC DEL COM NEW COM NEW			19,187	1,159,198	1,160,814
	DELTA ELECTRONIC	DELTA ELECTRONIC TWD10			42,359	407,676	556,225
	DEUTSCHE BOERSE AG	DEUTSCHE BOERSE AG NPV(REGD)			3,268	560,466	752,605
	DEUTSCHE TELEKOM AG	DEUTSCHE TELEKOM NPV(REGD)			41,373	954,968	1,237,698
	DIAGEO PLC	DIAGEO PLC ORD GBP0.28 101/108			11,469	461,150	364,481
	DICKS SPORTING GOODS INC	DICKS SPORTING GOODS INC OC-COM OC-COM			1,000	36,790	228,840
	DINE BRANDS GLOBAL INC	DINE BRANDS GLOBAL INC			2,600	199,844	78,260
	DINO POLSKA SA	DINO POLSKA SA PLN0.10			2,583	265,872	243,755
	DISCOVER FINL SVCS	#REORG/ DISCOVER FINL SVCS STOCK MERGER CAPITAL ONE FINL CORP 2108876 05-19-2025			1,800	67,495	311,814
	DISCOVERY LIMITED	DISCOVERY LIMITED ZAR0.001			66,162	518,428	682,903
	DONALDSON INC	DONALDSON INC COM			6,779	404,652	456,566
	DR REDDYS LABS LTD	DR REDDYS LABS LTD ADR REPSTG 1/2 SH			49,170	654,795	776,394
	DR. ING. H.C. F. PORSCHE AG	DR. ING. H.C. F. NON-VTG PRF NPV			986	65,196	59,647
	DRAFTKINGS INC NEW	DRAFTKINGS INC NEW CL A			7,896	305,475	293,731
	DROPBOX INC	DROPBOX INC CL A CL A			7,030	206,694	211,181
	DXC TECHNOLOGY CO	DXC TECHNOLOGY CO COM			901	37,482	18,002
	E SUN FINANCIAL HOLDINGS	E.SUN FINL HLDGS TWD10 2884			414,011	305,689	340,331
	EAST WEST BANCORP INC	EAST WEST BANCORP INC COM			3,100	220,644	296,856

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	EASTMAN CHEM CO	EASTMAN CHEM CO COM			1,300	76,842	118,716
	EATON CORP PLC	EATON CORP PLC COM USD0.50			1,074	318,507	356,428
	EBAY INC	EBAY INC COM USD0.001			7,700	330,288	477,015
	ELECTROLUX AB	ELECTROLUX AB SER'B'NPV			8,303	67,527	69,059
	ELI LILLY AND COMPANY	ELI LILLY & CO COM NPV			595	446,712	459,340
	EMCOR GROUP INC	EMCOR GROUP INC COM			5,587	406,048	2,535,939
	ENEL SPA	ENEL SPA EUR1			55,186	347,674	393,501
	ENGIE	ENGIE COMSTK			19,668	331,566	311,807
	ESSILORLUXOTTICA	ESSILORLUXOTTICA EUR 0.18			193	47,054	47,085
	EVEREST RE GROUP	EVEREST GROUP LTD			500	51,853	181,230
	EXELIXIS INC	EXELIXIS INC COM STK			9,000	210,939	299,700
	EXXON MOBIL CORP	EXXON MOBIL CORP COM			5,500	421,153	591,635
	F N B CORP PA	F N B CORP PA COM			9,800	71,424	144,844
	FACTSET RESH SYS INC	FACTSET RESH SYS INC COM STK			4,310	1,489,430	2,070,007
	FANUC CORPORATION	FANUC CORP NPV			14,200	420,544	377,227
	FEDEX CORP	FEDEX CORP COM			1,800	360,604	506,394
	FIFTH THIRD BANCORP	5TH 3RD BANCORP COM			3,700	72,639	156,436
	FIRST HAWAIIAN INC	FIRST HAWAIIAN INC COM			65,728	1,721,994	1,705,642
	FIRST HORIZON CORP	FIRST HORIZON CORPORATION COM			15,500	214,761	312,170
	FLUTTER ENTERTAINMENT PLC	FLUTTER ENTERTAINMENT PLC ORD EUR 0.09 (CDI)			112	29,836	29,064
	FLUTTER ENTERTAINMENT PLC	FLUTTER ENTERTAINMENT PLC ORD EURO.09			669	168,620	172,903
	FOMENTO ECONOMICO MEXICANO S A B DE C V	ADR FOMENTO ECONOMICO MEXICANO SAB DE CV			10,037	1,157,538	858,063
	FORD MTR CO DEL	FORD MTR CO DEL COM PAR \$0.01 COM PAR \$0.01			25,700	431,762	254,430
	FOX CORP	FOX CORP CL A CL A			10,500	369,567	510,090
	FTI CONSULTING INC	FTI CONSULTING INC COM			11,853	1,439,572	2,265,464
	FUJITSU	FUJITSU NPV			15,100	239,647	268,977
	GALDERMA GROUP AG	GALDERMA GROUP AG CHF0.01			2,169	164,481	240,870
	GENERAL MILLS INC	GENERAL MILLS INC COM			4,400	289,097	280,588
	GENERAL MTRS CO	GEN MTRS CO COM			10,700	350,732	569,989
	GENWORTH FINL INC	GENWORTH FINL INC COMMON STOCK			4,200	151,942	29,358
	GFL ENVIRONMENTAL INC	GFL ENVIRONMENTAL INC. COM NPV SUB VTG SHS			38,000	1,278,040	1,692,520
	GILEAD SCIENCES INC	GILEAD SCIENCES INC			7,800	599,310	720,486
	GLOBAL PMTS INC	GLOBAL PMTS INC COM			1,500	204,008	168,090
	GLOBAL-E ONLINE LTD	GLOBAL E ONLINE LTD COM NPV			13,054	502,113	711,835
	GOLDMAN SACHS GROUP INC	GOLDMAN SACHS GROUP INC COM			1,322	443,867	757,004
	GOODYEAR TIRE & RUBR CO	GOODYEAR TIRE & RUBBER CO COM			10,900	290,483	98,100
	GRACO INC	GRACO INC COM			18,250	1,103,601	1,538,293
	GRIFFON CORP	GRIFFON CORP COM			4,200	255,502	299,334
	GSK PLC	GSK PLC ORD GBP0.3125			20,926	402,093	352,887
	HALLIBURTON CO	HALLIBURTON CO COM			9,200	267,093	250,148
	HANWHA AEROSPACE CO LTD	HANWHA AEROSPACE CO LTD			1,063	207,853	235,757
	HARLEY DAVIDSON	HARLEY DAVIDSON COM USD0.01			4,800	289,984	144,624
	HCA HEALTHCARE INC	HCA HEALTHCARE INC COM			1,200	94,611	360,180
	HDFC BANK LTD	HDFC BANK LTD INR1			98,481	1,693,033	2,039,299
	HDFC BK LTD	ADR HDFC BK LTD ADR REPSTG 3 SHS			4,100	258,490	261,826
	HEICO CORP NEW	HEICO CORP NEW CL A CL A			4,730	733,783	880,158
	HEIDELBERG MATERIALS	HEIDELBERG MATERIALS AG			539	67,419	66,585
	HEINEKEN NV	HEINEKEN NV EUR1.60			3,915	341,930	278,509
	HENRY JACK & ASSOC INC	JACK HENRY & ASSOC INC COM			7,268	1,224,763	1,274,080
	HEWLETT PACKARD ENTERPRISE CO	HEWLETT PACKARD ENTERPRISE CO COM			17,200	205,291	367,220
	HF SINCLAIR CORP	HF SINCLAIR CORPORATION COM USD0.01			4,300	223,453	150,715
	HONG KONG EXCHANGES & CLEARING	HONG KONG EXCHANGES & CLEAR			23,000	815,334	872,869
	HOST HOTELS & RESORTS L P	HOST HOTELS & RESORTS INC REIT			16,600	318,991	290,832
	HP INC	HP INC COM			14,400	252,737	469,872
	HUNTINGTON INGALLS INDS INC	HUNTINGTON INGALLS INDS INC COM			700	143,932	132,279
	INCYTE CORP FORMERLY INCYTE PHARMACEUTI	INCYTE CORP COM			3,500	197,764	241,745

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	INFINEON TECHNOLOGIES AG	INFINEON TECHNOLOG ORD NPV (REGD)			10,803	388,566	351,256
	ING GROEP N.V.	ING GROEP N.V. EURO.01			12,615	146,515	197,641
	INGREDION INC	INGREDION INC COM			1,900	149,772	261,364
	INNOVATIVE INDL PPTY INC	INNOVATIVE INDL PPTY INC			1,300	119,087	86,632
	INTEL CORP	INTEL CORP COM			5,100	158,635	102,255
	INTERNATIONAL BUSINESS MACHS CORP	INTERNATIONAL BUSINESS MACHS CORP COM			1,200	163,177	263,796
	JABIL INC	JABIL INC COM USD0.001			2,600	160,333	374,140
	JOHNSON & JOHNSON	JOHNSON & JOHNSON COM USD1			4,500	721,816	650,790
	JULIUS BAER GRUPPE AG	JULIUS BAER GRUPPE CHF0.02 (REGD)			2,831	156,540	183,246
	KADANT INC	KADANT INC COM			2,448	544,523	844,536
	KALBE FARMA	KALBE FARMA IDR10			2,948,400	293,779	249,135
	KASIKORNBANK PUBLIC COMPANY LIMITED	KASIKORNBANK PCL THB10 (NVDR)			77,800	318,618	354,829
	KERING	KERING			2,626	930,670	647,855
	KFORCE INC	KFORCE INC			5,908	364,795	334,984
	KINGFISHER	KINGFISHER ORD GBP0.157142857			47,230	129,294	147,108
	KOHL'S CORP	KOHL'S CORP COM			2,700	136,560	37,908
	KONINKLIJKE PHILIPS NV	KONINKLIJKE PHILIP EURO.20			13,566	282,379	342,761
	KOTAK MAHINDRA BANK LTD.	KOTAK MAHINDRA BAN COMSTK			10,165	211,795	212,059
	KRAFT HEINZ CO	KRAFT HEINZ CO COM			11,400	380,882	350,094
	KROGER CO	KROGER CO COM			10,900	283,247	666,535
	LANDSTAR SYS INC	LANDSTAR SYS INC COM			11,073	1,802,822	1,903,006
	LANTHEUS HLDGS INC	LANTHEUS HLDGS INC COM			1,400	77,746	125,244
	LANXESS AG	LANXESS AG NPV			7,592	212,249	185,375
	LCI INDUSTRIES	LCI INDUSTRIES COM			12,826	1,586,830	1,326,080
	LEAR CORP	LEAR CORP COM NEW COM NEW			1,000	43,729	94,700
	LEGAL & GENERAL GROUP	LEGAL & GENERAL GP ORD GBP0.025			55,626	155,902	160,092
	LENNAR CORP	LENNAR CORP CL A CL A			1,400	99,401	190,918
	LI NING CO LTD	LI NING CO LTD HKD0.1			19,500	39,125	41,320
	LIBERTY MEDIA CORP DEL	LIBERTY MEDIA CORP DEL COM LIBERTY FORMULA ONE SER C			5,913	381,317	547,899
	LIG NEX1 CO LTD	LIG NEX1 CO LTD KRW5000			1,573	204,624	235,605
	LINCOLN NATL CORP IND	LINCOLN NATL CORP COM			4,800	282,629	152,208
	LINK REAL ESTATE INVESTMENT TRUST	LINK REAL ESTATE INVESTMENT TRUST UNITS			16,400	85,368	69,354
	LOCKHEED MARTIN CORP	LOCKHEED MARTIN CORP COM			900	370,028	437,346
	LONDON STOCK EXCHANGE GROUP	LONDON STOCK EXCHANGE GROUP ORD GBP0.06918604			2,150	250,296	303,867
	M & T BK CORP	M & T BK CORP COM			600	78,164	112,806
	MACYS INC	MACYS INC COM STK			10,000	225,038	169,300
	MAGNERA CORP	MAGNERA CORP COM			1,436	21,488	26,092
	MAHINDRA & MAHINDRA	MAHINDRA & MAHINDRA LTD COMSTK			35,331	667,706	1,240,967
	MANHATTAN ASSOCS INC	MANHATTAN ASSOCS INC COM			6,680	880,742	1,805,203
	MANPOWER GROUP	MANPOWERGROUP INC			2,300	215,205	132,756
	MARATHON PETE CORP	MARATHON PETE CORP COM			3,400	89,887	474,300
	MARICO LTD	MARICO LTD INR1			37,776	243,385	282,171
	MARRIOTT VACATIONS WORLDWIDE CORP	MARRIOTT VACATIONS WORLDWIDE CORP COM			1,600	248,851	143,680
	MATADOR RES CO	MATADOR RES CO COM			3,460	194,187	194,660
	MCKESSON CORP	MCKESSON CORP			500	72,809	284,955
	MEDACTA GROUP SA	MEDACTA GROUP SA CHF0.10			1,512	177,976	177,853
	MEDIATEK INC	MEDIATEK INC TWD10			9,087	255,557	392,201
	MEDIOBANCA DI CREDITO FINANZ SPA	MEDIOBANCA SPA EURO.5			15,608	232,196	227,481
	MEITUAN	MEITUAN USD0.00001 B CLASS			18,200	421,378	355,427
	MELROSE INDUSTRIES PLC	MELROSE INDUST PLC ORD GBP0.001			92,893	701,332	644,286
	MERCADOLIBRE INC	MERCADOLIBRE INC COM STK			499	784,297	848,520
	MERCK & CO INC NEW	MERCK & CO INC NEW COM			6,700	425,315	666,516
	META PLATFORMS INC	META PLATFORMS INC COM USD0.000006 CL 'A'			7,074	2,541,796	4,141,897
	METLIFE INC	METLIFE INC COM STK USD0.01			2,600	115,572	212,888
	MGIC INVT CORP WIS	MGIC INVT CORP WIS COM			14,400	148,993	341,424
	MGM RESORTS INTL FORMERLY MGM GRAND INC	MGM RESORTS INTERNATIONAL COM			6,400	231,822	221,760

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	MICROSOFT CORP	MICROSOFT CORP COM			14,661	5,496,089	6,179,610
	MIDEA GROUP CO LTD	MIDEA GROUP CO LTD CNY1 H			54,200	437,517	527,142
	MIDEA GROUP CO LTD	MIDEA GROUP CO LTD A CNY1			19,500	195,639	199,794
	MITSUBISHI UFJ FINANCIAL GROUP INC	MITSUBISHI UFJ FIN NPV			34,700	372,746	407,586
	MOELIS & CO	MOELIS & CO CL A CL A			32,896	1,212,718	2,430,356
	MOLSON COORS	MOLSON COORS BEVERAGE COMPANY COM USD0.01 CLASS B			6,100	328,499	349,652
	MONDI PLC	MONDI PLC ORD EURO.22			13,782	293,000	202,676
	MOSAIC CO/THE	MOSAIC CO/THE			4,300	164,266	105,694
	MUELLER INDS INC	MUELLER INDS INC COM			3,117	188,259	247,365
	MURATA MANUFACTURING CO	MURATA MANUFACTURING CO. NPV			9,500	183,014	154,717
	MURPHY OIL CORP	MURPHY OIL CORP COM			6,300	219,182	190,638
	NARI TECHNOLOGY CO LTD	NARI TECH CO LTD 'A'CNY1 (STOCK CONNECT)			164,924	539,266	566,558
	NATERA INC	NATERA INC COM			5,721	334,556	905,634
	NATIONAL FUEL GAS CO	NATL FUEL GAS CO COM			3,700	198,944	224,516
	NATIONAL GRID	NATIONAL GRID ORD GBP0.12431289			88,026	1,124,002	1,047,316
	NATWEST GROUP PLC	NATWEST GROUP PLC ORD GBP1.0769			10,385	30,424	52,298
	NCR ATLEOS CORP	NCR ATLEOS CORPORATION COM USD0.01 WI			2,450	55,280	83,104
	NCR VOYIX CORP FORMERLY NCR CORP NEW TO	NCR VOYIX CORP COM STK USD0.01			800	14,296	11,072
	NEBIUS GROUP N V	NEBIUS GROUP N V			14,009	380,723	388,049
	NESTLE SA	NESTLE SA CHF0.10(REGD)			2,523	287,452	208,466
	NETEASE INC	NETEASE INC COMSTK			22,400	436,939	399,096
	NETFLIX INC	NETFLIX INC COM STK			1,891	1,193,672	1,685,486
	NEWMARKET CORP	NEWMARKET CORP COM			525	235,454	277,384
	NEXSTAR MEDIA GROUP INC COMMON STOCK	NEXSTAR MEDIA GROUP INC COMMON STOCK			1,200	179,826	189,564
	NINTENDO CO LTD	NINTENDO CO LTD NPV			4,100	218,815	241,680
	NIPPON SANSO HOLDINGS CORPORATION	NIPPON SANSO HOLDINGS CORP			9,883	234,186	278,203
	NKT A/S	NKT A/S			2,442	187,048	174,462
	NOVO NORDISK A/S	NOVO NORDISK A/S SER'B'DKK0.1			5,383	420,585	466,573
	NOVONESIS (NOVOZYMES) B	NOVONESIS (NOVOZYMES) B			3,322	196,392	188,066
	NOVO-NORDISK A S	ADR NOVO-NORDISK A S ADR			127	11,815	10,925
	NRG ENERGY INC	NRG ENERGY INC COM NEW			10,677	556,177	963,279
	NVIDIA CORP	NVIDIA CORP COM			51,408	5,390,900	6,903,580
	OLD REPUBLIC INTERNATIONAL CORP	OLD REPUBLIC INTERNATIONAL CORP COM STK USD1			5,300	203,274	191,807
	OMEGA HEALTHCARE INVS INC	OMEGA HEALTHCARE INVS INC REIT			4,600	195,976	174,110
	ORGANON & CO	ORGANON & CO COM			6,400	158,346	95,488
	OSHKOSH CORPORATION	OSHKOSH CORPORATION			2,400	155,753	228,168
	OTSUKA HLDGS CO LTD	OTSUKA HOLDINGS CO LTD			3,600	141,459	196,997
	OWENS CORNING NEW	OWENS CORNING NEW COM STK			1,700	158,506	289,544
	PACCAR INC	PACCAR INC COM			2,000	212,030	208,040
	PAYPAL HLDGS INC	PAYPAL HLDGS INC COM			3,500	232,973	298,725
	PERDOCEO ED CORP	PERDOCEO ED CORP COM			4,440	76,623	117,527
	PERNOD RICARD	PERNOD RICARD NPV EUR 1.55			1,149	164,654	129,687
	PFIZER INC	PFIZER INC COM			24,100	617,875	639,373
	PHILLIPS 66	PHILLIPS 66 COM			3,200	234,734	364,576
	PING AN INSURANCE(GROUP)CO.OF CHINA	PING AN INSURANCE GROUP H CNY1			108,999	639,854	646,168
	PINTEREST INC	PINTEREST INC CL A CL A			4,614	155,566	133,806
	PRESIDENT CHAIN STORE CORP	PRESIDENT CHAIN ST TWD10			30,999	275,939	248,677
	PRIMERICA INC	PRIMERICA INC COM			12,155	1,446,990	3,299,110
	PRIMORIS SVCS CORP	PRIMORIS SVCS CORP COM			3,300	123,602	252,120
	PRUDENTIAL PLC	PRUDENTIAL PLC GBP0.05			44,812	510,858	357,501
	PULTEGROUP INC	PULTE GROUP INC			4,600	133,746	500,940
	PVH CORP	PVH CORP COM USD1			1,900	212,464	200,925
	QUALCOMM INC	QUALCOMM INC COM			2,900	409,077	445,498
	RADIAN GROUP INC	RADIAN GROUP INC COM			7,100	86,626	225,212
	RAIA DROGASIL SA	RAIA DROGASIL SA COM NPV			173,428	880,219	617,596
	RBC BEARINGS INC	RBC BEARINGS INC COM			4,805	817,969	1,437,368

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	RECKITT BENCKISER GROUP PLC	RECKITT BENCK GRP ORD GBP0.10			14,616	977,155	884,684
	REGIONS FINL CORP NEW	REGIONS FINL CORP NEW COM			9,100	121,377	214,032
	RELX PLC	RELX PLC ORD GBP0.1444			3,757	112,292	170,087
	RELX PLC	RELX PLC			11,478	406,226	521,670
	RENASAS ELECTRONICS CORP	RENASAS ELECTRONICS CORPORATION NPV			36,300	594,787	472,690
	RIGHTMOVE PLC	ADR RIGHTMOVE PLC ADR			117,502	1,743,509	1,896,482
	RITHM CAPITAL CORP	RITHM CAPITAL CORP			20,600	226,004	223,098
	RLI CORP	RLI CORP COM			10,148	923,120	1,672,695
	ROBINHOOD MKTS INC	ROBINHOOD MKTS INC COM CL A COM CL A			9,020	344,415	336,085
	ROCHE HOLDINGS AG	ROCHE HLDGS AG GENUSSSCHEINE NPV			1,536	500,954	433,046
	ROLLS ROYCE HOLDINGS	ROLLS ROYCE HLDGS ORD GBP0.20			86,769	90,799	617,895
	RWE AG	RWE AG NPV			2,732	109,846	81,560
	S&P GLOBAL INC	S&P GLOBAL INC COM			1,689	716,256	841,173
	SABRA HEALTH CARE REIT INC	SABRA HEALTH CARE REIT INC COM			9,600	173,933	166,272
	SAFRAN SA	SAFRAN SA EURO.20			1,881	291,707	413,123
	SAMSUNG ELECTRONICS CO	SAMSUNG ELECTRONIC KRW100			27,341	1,442,474	988,039
	SAMSUNG ELECTRONICS CO	SAMSUNG ELECTRONICS CO N/VTG PFD KRW100 005935			21,226	1,006,715	637,292
	SAMSUNG FIRE & MARINE	SAMSUNG FIRE & MARINE INS.CO.LTD			2,732	637,859	665,300
	SANMINA CORP	SANMINA CORP COM			3,000	80,570	227,010
	SANOFI	SANOFI EUR2			3,370	346,088	327,118
	SAP SE	SAP SE			1,371	147,271	335,468
	SBERBANK OF RUSSIA	SBERBANK OF RUSSIA			82,632	345,277	193,461
	SEA LTD	ADR SEA LTD ADR			3,610	414,914	383,021
	SEGRO PLC	SEGRO PLC ORD GBP0.10			14,623	143,521	128,417
	SERVICE PROPERTIES TRUST	SERVICE PROPERTIES TRUST COM SH BEN INT			8,600	226,262	21,844
	SERVICENOW INC	SERVICENOW INC COM USD0.001			367	286,424	389,064
	SGS SA	SGS SA CHF0.04 (REGD)			4,128	420,359	413,962
	SHENZHEN MINDRAY BIO-MEDICAL ELECTR	SHENZHEN MINDRAY BIO-MEDICAL ELECTR A CNY1(STOCK CONNECT)			9,999	423,662	347,306
	SHINHAN FINANCIAL GROUP CO LTD	SHINHAN FINANCIAL GROUP CO LTD KRW5000 055550			20,161	803,738	652,564
	SIMPSON MFG INC	SIMPSON MFG INC COM			13,809	1,358,284	2,289,946
	SIRIUS XM HLDGS INC NEW	SIRIUS XM HLDGS INC NEW COM			5,652	142,413	128,866
	SK HYNIX INC	SK HYNIX INC 000660			7,770	879,071	917,843
	SM INVESTMENTS CORPORATION	SM INVEST CORP PHP10			41,045	710,447	637,902
	SMC CORP	SMC CORP NPV			500	215,984	197,824
	SMITH & NEPHEW PLC	SMITH & NEPHEW PLC ORD USD0.20			9,153	127,305	113,646
	SMUCKER J M CO	SMUCKER J M CO COM NEW			2,110	242,910	232,353
	SNAP ON INC	SNAP-ON INC COM			700	122,685	237,636
	SOCIETE GENERALE FRANCE	SOCIETE GENERALE EUR1.25			3,242	89,226	91,179
	SODEXO	SODEXHO EUR4			1,384	121,173	114,006
	SOLVENTUM CORP	SOLVENTUM CORP COM COM USD0.01			625	36,047	41,288
	SPOTIFY TECHNOLOGY S.A.	SPOTIFY TECHNOLOGY S A COM EURO.025			1,238	400,570	553,856
	STANDARD CHARTERED PLC	STANDARD CHARTERED PLC SHS			19,496	184,156	241,384
	STATE STR CORP	STATE STR CORP COM			7,300	431,876	716,495
	STEEL DYNAMICS INC	STEEL DYNAMICS INC COM			1,800	55,666	205,326
	STIFEL FINL CORP	STIFEL FINL CORP COM			1,320	100,749	140,026
	SUMITOMO MITSUI FINANCIAL GROUP INC	SUMITOMO MITSUI FINANCIAL GROUP NPV			12,700	257,864	304,166
	SWISS RE AG	SWISS RE AG CHF0.10			1,250	184,851	180,966
	SYLVAMO CORP	SYLVAMO CORP COM			372	11,440	29,395
	SYNCHRONY FINL	SYNCHRONY FINL COM			5,200	217,270	338,000
	TAIWAN SEMICONDUCTOR MANUFACTURING	TAIWAN SEMICON MAN TWD10			85,265	1,739,923	2,795,830
	TAIWAN SEMICONDUCTOR MFG CO LTD	ADR TAIWAN SEMICONDUCTOR MANUFACTURING ADS REP 5 TWD10			8,662	1,178,505	1,710,658
	TAKEDA PHARMACEUTICAL CO LTD	TAKEDA PHARMACEUTICAL CO NPV			1,800	52,021	47,886
	TALEN ENERGY CORP NEW	TALEN ENERGY CORP NEW COM			2,749	514,937	553,841
	TATA CONSULTANCY SERVICES	TATA CONSULTANCY S INR1			28,735	1,226,579	1,374,360
	TD SYNEX CORPORATION	TD SYNEX CORPORATION COM USD0.001			1,526	184,011	178,969
	TEGNA INC	TEGNA INC COM			11,900	164,027	217,651

1199SEIU HOME CARE EMPLOYEES PENSION 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
	TELKOM INDONESIA(PERSERO) TBK	TELKOM INDONESIA (PERSERO) TBK IDR50			1,537,700	381,289	258,911
	TENCENT HOLDINGS LIMITED	TENCENT HLDGS LTD HKD0.00002			46,700	1,867,883	2,506,955
	TENCENT MUSIC ENTMT GROUP	ADR TENCENT MUSIC ENTMT GROUP ADS			17,919	219,517	203,381
	TESLA INC	TESLA INC COM USD0.001			4,621	1,338,566	1,866,145
	TEXTRON INC	TEXTRON INC COM			4,500	252,169	344,205
	THE CAMPBELLS COMPANY	THE CAMPBELLS COMPANY			5,400	240,224	226,152
	TIMKEN CO	TIMKEN CO COM			1,600	64,098	114,192
	TOKYO GAS CO	TOKYO GAS CO LTD NPV			3,980	115,325	110,668
	TORO CO	TORO CO COM			27,923	2,246,210	2,236,632
	TRANSALTA CORP	TRANSALTA CORP MTN COM NPV			8,544	115,903	120,776
	TRANSDIGM GROUP INC	TRANSDIGM GROUP INC COM			276	317,540	349,769
	TRUIST FINL CORP	TRUIST FINL CORP COM			3,600	169,520	156,168
	UBS GROUP AG	UBS GROUP AG USD0.10 (REGD)			32,773	726,380	1,002,809
	UCB S.A.	UCB NPV			3,303	349,877	657,373
	UFP INDS INC	UFP INDUSTRIES INC COM USD1.00			16,879	1,733,393	1,901,419
	UNICREDIT SPA	UNICREDIT SPA NPV			10,249	192,100	408,860
	UNILEVER PLC	UNILEVER PLC ORD GBP0.031111			18,254	932,815	1,039,732
	UNI-PRESIDENT ENTERPRISES CORP	UNI-PRESIDENT ENTERPRISES CORP TWD10 1216			235,000	559,011	579,893
	UNITED AIRLINES INC	UNITED AIRLINES HOLDINGS INC COM USD0.01			11,162	929,110	1,083,830
	UNITED OVERSEAS BANK LTD	UTD O/S BANK NPV			6,800	144,433	181,091
	UNITED THERAPEUTICS CORP DEL	UNITED THERAPEUTICS CORP DEL COM STK			1,000	212,345	352,840
	UNIVERSAL HEALTH SVCS INC	UNVL HEALTH SERVICES INC CL B COM			800	106,923	143,536
	UPBOUND GRP INC FORMERLY RENT A CENTER	UPBOUND GRP INC COM USD0.01			4,200	111,491	122,514
	UPWORK INC	UPWORK INC COM			8,500	145,014	138,975
	VALERO ENERGY CORP NEW	VALERO ENERGY CORP COM STK NEW			2,300	93,962	281,957
	VAXCYTE INC	VAXCYTE INC COM			2,003	140,565	163,966
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS COM			15,000	789,616	599,850
	VERTIV HLDGS CO	VERTIV HOLDINGS LLC COM USD0.0001			9,056	625,295	1,028,852
	VIATRIS INC	VIATRIS INC			3,685	40,038	45,878
	VICTORY CAP HLDGS INC DEL	VICTORY CAP HLDGS INC DEL CL A CL A			4,900	164,243	320,754
	VISA INC	VISA INC COM CL A STK			3,405	901,478	1,076,116
	VISTRA CORP	VISTRA CORP COM USD0.01			3,558	379,518	490,541
	VOLTRONIC POWER TECHNOLOGY CORP	VOLTRONIC POWER TE TWD10			6,000	327,391	340,405
	VONOVIA SE	VONOVIA SE NPV			13,269	429,642	402,858
	VOYA FINL INC	VOYA FINL INC COM			2,000	75,084	137,660
	WALGREENS BOOTS ALLIANCE INC	WALGREENS BOOTS ALLIANCE INC COM			6,300	443,266	58,779
	WAL-MART DE MEXICO SAB DE CV	WAL-MART DE MEX COM NPV			160,763	587,185	424,392
	WATTS WATER TECHNOLOGIES INC	WATTS WTR TECHNOLOGIES INC			9,278	1,196,393	1,886,217
	WELLS FARGO & CO NEW	WELLS FARGO & CO NEW COM STK			12,500	484,384	878,000
	WESTERN DIGITAL CORP	WESTN DIGITAL CORP COM			2,600	164,879	155,038
	WH SMITH PLC	WH SMITH PLC ORD GBP0.220895			11,781	205,795	175,431
	WHIRLPOOL CORP	WHIRLPOOL CORP COM			1,200	102,200	137,376
	WIZZ AIR HLDGS PLC	WIZZ AIR HLDGS PLC ORD GBP0.0001			12,250	273,698	220,770
	WORLDLINE	WORLDLINE EURO.68			14,032	141,598	123,187
	XEROX HLDGS CORP	XEROX HLDGS CORP COM NEW COM NEW			6,750	213,570	56,903
	YUM CHINA HLDGS INC	YUM CHINA HLDGS INC COM			20,700	868,466	997,119
	ZIONS BANCORPORATION	ZIONS BANCORPORATION N A			3,800	180,580	206,150
		ACUITY INC			1,000	115,360	292,130
		THE HARTFORD INSURANCE GROUP INC COM USD0.01			5,300	277,923	579,820
	<b>Equities total</b>				<b>12,013,170</b>	<b>\$ 178,274,072</b>	<b>\$ 220,616,750</b>
					<b>12,013,170</b>	<b>\$ 178,274,072</b>	<b>\$ 220,616,750</b>
	<b>Common collective and other trusts</b>						
	DDJ CAPITAL	CF DDJ HIGH YIELD GT (ONLY 1199) FUND			918,043	13,016,722	20,105,134

1199SEIU HOME CARE EMPLOYEES PENSION 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
	SSGA S & P 500	CF SSGA S&P 500 (R) FLAGSHIP SECURITIES NL (CM111)			28,977	16,807,486	46,221,509
	TCW	CF TCW EMERGING MARKETS FIXED INCOME CLASS L FD			1,129,526	15,356,697	19,122,882
	WA	CF WA FLOATING RATE HIGH INCOME FUND LLCFD			58,450	1,212,220	1,678,347
	WESTERN ASSET FDS	CF WESTN AST US CORE BD LLC			1,953,755	31,707,566	44,862,113
	WESTERN ASSET OPPORTUNISTIC USS HIGH YLD	CF WA OPPORTUNISTIC US \$ HIGH YIELD SEC PORT LLC			32,992	1,038,299	1,523,966
	WESTERN ASSET	CF WESTERN ASSET EMERGING MARKETS CORPORATE CREDIT PORTFOLIO LLC FD			10,792	187,710	254,457
	WESTERN	CF WESTERN ASSET EMERGING MARKETS LOCAL DEBT PORTFOLIO LLC FUND			128,800	2,274,409	2,273,200
					<b>4,261,335</b>	<b>\$ 81,601,109</b>	<b>\$ 136,041,608</b>
	<b>Common collective and other trusts total</b>				<b>4,261,335</b>	<b>\$ 81,601,109</b>	<b>\$ 136,041,608</b>
	<b>Private equity funds</b>						
		ARES SENIOR DIRECT LENDING FUND (CAYMAN)III LP			340,869	340,869	363,886
		ARES SPECIAL OPPORTUNITIES FUND II, LP			1,346,095	1,346,095	1,699,977
		CARLYLE CREDIT OPPORTUNITIES FUND III LP			370,024	370,024	408,975
		CASTLELAKE VI LP			2,070,147	2,070,147	2,535,732
		COMVEST CREDIT PARTNERS VI, L.P			1,666,642	1,666,642	1,353,723
		COMVEST CREDIT PARTNERS VII, LP			718,288	718,288	711,324
		DOVER STREET IX			1,944,631	1,944,631	2,300,447
		DOVER STREET VII CAYMAN FUND, LP			1,282,170	1,282,170	6,440
		DOVER STREET X L.P.			2,526,568	2,526,568	3,580,384
		HARBOURVEST INTL PVT EQUITYPARTNERS VI -CAYMAN PARTNERSHIP FD L.P			1,084,895	1,338,668	1,061,929
		HARBOURVEST PARTNERS IX-BUYOUT FUND			1,400,357	1,400,357	2,408,932
		HARBOURVEST PARTNERS IX-VENTURE FUND			3,030,297	3,030,297	6,828,114
		HARBOURVEST PARTNERS X BUYOUT FUND, LP			5,281,939	5,281,939	8,773,811
		HARBOURVEST PARTNERS X VENTURE FUND, LP			2,889,129	2,889,129	6,819,347
		HARBOURVEST PARTNERS XI BUYOUT FUND L.P			2,903,869	2,903,869	4,350,337
		HARBOURVEST PARTNERS XI VENTURE FUND LP			2,531,352	2,531,352	3,857,412
		HARBOURVEST PARTNERS XII BUYOUT FUND L.P.			3,999,965	3,999,965	4,985,360
		HARBOURVEST PARTNERS XII VENTURE FUND L.P.			10,343,078	10,343,078	12,815,925
		HARBOURVEST PARTNERS XIII BUYOUT FUND LP			1	1	26,722
		HARBOURVEST PARTNERS XIII VENTURE FUND LP - placeholder			1	1	40,436
		HIPEP IX Feeder Fund L.P.			4,403,663	4,403,663	5,047,584
		HIPEP VII PARTNERSHIP FUND LP			2,277,586	2,277,586	3,679,572
		HIPEP VIII PARTNERSHIP FUND LP			2,182,776	2,182,776	2,925,233
		HIPEP X FEEDER FUND LP			1	1	138,418
		ICG NORTH AMERICAN CREDIT PARTNERS FUND III(FEEDER) SCSP			359,429	359,429	337,748
		OAKTREE SPECIAL SITUATIONS FUND III, LP			636,412	636,412	839,752
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III LP			3,007,320	3,007,320	3,149,392
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV (T), LP			12,179,362	12,179,362	16,877,475
		SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V T LP			12,065,769	12,065,769	14,587,438
					<b>82,842,635</b>	<b>\$ 83,096,408</b>	<b>\$ 112,511,825</b>
	<b>Private equity funds total</b>				<b>82,842,635</b>	<b>\$ 83,096,408</b>	<b>\$ 112,511,825</b>
	<b>Real estate investment funds</b>						
	HEITMAN AMERICA	CF HEITMAN AMERICA REAL ESTATE TRUST LP FD	0.00%		320	336,375	393,763
	JPMCB	CF JPMCB STRATEGIC PROPERTY FUND	0.00%		481,512	4,981,154	5,323,591
	PRUDENTIAL	CF PRUDENTIAL PRISA SA	0.00%		72	4,701,697	5,641,519
		BRIDGE LOGISTICS US VENTURE II LP	0.00%		575,310	575,310	646,716
		BROOKFIELD PREMIER REAL ESTATE PARTNERS LP			4,215,053	4,215,053	3,960,021
		CARROLL MULTIFAMILY VENTURE VII, LP			1,418,502	1,418,502	686,610
		GID Mainstay Fund LP			4,061,750	4,061,750	4,232,723
		GREYSTAR GROWTH AND INCOME FUND			1,211,868	1,211,868	929,799

1199SEIU HOME CARE EMPLOYEES PENSION FUND

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

December 31, 2024

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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
		JADIAN REAL ESTATE FUND II-A, LP			300,015	300,015	302,513
		JAMESTOWN PREMIER PROPERTY FUND LP			3,449,059	3,449,059	919,517
		LION INDUSTRIAL TRUST PROPERTIES LP LIT INDUSTRIAL LP			3,401,062	3,401,062	5,322,766
		PRIME PROPERTY FUND LLC			7,607,409	7,607,409	7,470,829
		SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITES FUND II (E), LP			2,222,248	2,222,248	1,649,151
		SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITES FUND IIB (E), LP			1,116,601	1,116,601	948,772
		SIGULER GUFF DREOF II CO-INVESTMENT FUND(E), LP			772,402	772,402	460,989
		USAA EAGLE REAL ESTATE FEEDER I LP			1,693,779	1,693,779	3,404,554
		WCP NewCold III, L.P.			1,184,139	1,184,139	1,271,438
					<u>33,711,101</u>	<u>\$ 43,248,423</u>	<u>\$ 43,565,271</u>
	<b>Real estate investment funds total</b>				<u>33,711,101</u>	<u>\$ 43,248,423</u>	<u>\$ 43,565,271</u>
	<b>Hedge funds</b>						
	ABAG FIN AUTH FOR NONPROFIT CORPS CALIF	GROSVENOR FARIA FUND, LP 6-010743	0.00%		1,499,241	\$ 1,499,241	\$ 33,159,857
	<b>Hedge funds total</b>				<u>1,499,241</u>	<u>\$ 1,499,241</u>	<u>\$ 33,159,857</u>
	<b>Securities Lending</b>						
	FEDERAL HOME LOAN BANKS	Agency Bd/Note	0.79%		7,987	7,987	7,987
	FFCB	Agency Bd/Note	0.78%	1/2/2025	2,397	2,397	2,397
	FFCB	Agency Bd/Note	0.79%	1/2/2025	799	799	799
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	26,772	26,772	26,772
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	5,994	5,994	5,994
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.79%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.79%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	6,993	6,993	6,993
	FFCB	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	8,791	8,791	8,791
	FFCB	Agency Bd/Note	0.80%	1/2/2025	3,996	3,996	3,996
	FFCB	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FFCB	Agency Bd/Note	0.80%	1/2/2025	7,992	7,992	7,992
	FHLB	Agency Bd/Note	0.77%	1/2/2025	11,987	11,987	11,987
	FHLB	Agency Bd/Note	0.78%	1/2/2025	19,980	19,980	19,980
	FHLB	Agency Bd/Note	0.78%	1/2/2025	7,992	7,992	7,992
	FHLB	Agency Bd/Note	0.80%	1/2/2025	3,996	3,996	3,996
	FHLB	Agency Bd/Note	0.92%		1,998	1,998	1,998
	FHLB	Agency Bd/Note	0.94%		7,992	7,992	7,992
	FHLB	Agency Discr Nt	0.78%		3,938	3,938	3,938
	FHLB	Agency Discr Nt	0.79%		7,950	7,950	7,950
	FHLB	Agency Discr Nt	0.79%		3,972	3,972	3,972
	FHLMC	Agency Bd/Note	0.79%	1/2/2025	1,998	1,998	1,998
	FHLMC	Agency Bd/Note	0.80%	1/2/2025	1,998	1,998	1,998
	FNMA	Agency Bd/Note	0.80%	1/2/2025	6,793	6,793	6,793
	IDLE CASH DI		0.00%	1/2/2025	11,988	11,988	11,988
	TREASURY BILL	Treasury Bill	0.77%		3,970	3,970	3,970
	TREASURY BILL	Treasury Bill	0.77%		5,968	5,968	5,968
	TREASURY BILL	Treasury Bill	0.80%		1,969	1,969	1,969
	TREASURY BILL	Treasury Bill	0.80%		87,095	87,095	87,095
	TREASURY BILL	Treasury Bill	0.80%		9,905	9,905	9,905
	TREASURY BILL	Treasury Bill	0.80%		3,971	3,971	3,971

1199SEIU HOME CARE EMPLOYEES PENSION FUND

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

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	TREASURY BILL	Treasury Bill	0.80%		7,979	7,979	7,979
	TREASURY BILL	Treasury Bill	0.81%		3,965	3,965	3,965
	TREASURY BILL	Treasury Bill	0.81%		15,982	15,982	15,982
	TREASURY BILL	Treasury Bill	0.81%		3,969	3,969	3,969
	TREASURY BILL	Treasury Bill	0.82%		1,992	1,992	1,992
	TREASURY BILL	Treasury Bill	0.82%		1,996	1,996	1,996
	TRI-PARTY BANK OF AMERICA NA	Repo.Agmts.	0.79%		19,980	19,980	19,980
	TRI-PARTY BARCLAYS BANK PLC	Repo.Agmts.	0.76%		94,303	94,303	94,303
	TRI-PARTY CANADIAN IMPERIAL BANK O	Repo.Agmts.	0.76%		19,980	19,980	19,980
	TRI-PARTY CITIGROUP GLOBAL MARKETS	Repo.Agmts.	0.79%		94,303	94,303	94,303
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agmts.	0.79%		19,980	19,980	19,980
	TRI-PARTY FIXED INCOME CLEARING CO	Repo.Agmts.	0.79%		39,959	39,959	39,959
	TRI-PARTY ROYAL BANK OF CANADA (NE	Repo.Agmts.	0.76%		19,980	19,980	19,980
	TRI-PARTY SOCIETE GENERALE (NEW YO	Repo.Agmts.	0.79%		53,945	53,945	53,945
	<b>Securities Lending total</b>				<u>695,474</u>	<u>695,474</u>	<u>695,474</u>
					<u>695,474</u>	<u>695,474</u>	<u>695,474</u>
	<b>Total assets held</b>				<u>147,073,424</u>	<u>400,511,241</u>	<u>558,687,299</u>

\* Party-in-interest

See accompanying independent auditors' report

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></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**

<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN) ▶	001
1199SEIU HOME CARE EMPLOYEES PENSION FUND	<b>1c</b> Effective date of plan	04/01/1997
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<b>2b</b> Employer Identification Number (EIN)	13-3943904
	<b>2c</b> Plan Sponsor's telephone number	646-473-6656
	<b>2d</b> Business code (see instructions)	621610
	BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND	
P.O. BOX 842 NEW YORK, NY 10108		

**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	<i>DR</i>	10 / 15 / 2025	DONNA REY
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN 13-3943904
	<b>3c</b> Administrator's telephone number 646-473-6656

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:  <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 97338
<b>6</b> 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).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(1)</b> 32875
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6a(2)</b> 31389
<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b> 32333
<b>c</b> Other retired or separated participants entitled to future benefits. . . . .	<b>6c</b> 32811
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . .	<b>6d</b> 96533
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .	<b>6e</b> 1577
<b>f</b> Total. Add lines 6d and 6e. . . . .	<b>6f</b> 98110
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(1)</b> 0
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(2)</b> 0
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b> 2403
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<b>7</b> 38

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

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

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

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