

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE
2b Employer Identification Number (EIN): 13-4129368
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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	18013
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	18013
	6a(2)	12975
	6b	
	6c	
	6d	12975
	6e	
	6f	0
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE</p>	<p>D Employer Identification Number (EIN) 13-4129368</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260C95	11092	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)		0
d Total of balance and additions (add lines 7b and 7c(6))	7d		
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
(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:

a Premiums: (1) Amount received		9a(1)	645588
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	645588
b Benefit charges (1) Claims paid		9b(1)	227658
(2) Increase (decrease) in claim reserves		9b(2)	31220
(3) Incurred claims (add (1) and (2))		9b(3)	258878
(4) Claims charged		9b(4)	258878
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	29051	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	12912	
(F) Charges for risks or other contingencies	9c(1)(F)	-1372	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		40591
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	730587
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	97817
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.	10b	

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. ▶

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

<p>A Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE</p>	<p>D Employer Identification Number (EIN) 13-4129368</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DENTCARE DELIVERY SYSTEMS, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-2480692	47112	GG-373D	1600	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	158433
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE		D Employer Identification Number (EIN) 13-4129368

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL35551	398	01/01/2024	12/31/2024

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	186030
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.	10b	

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. ▶

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

A Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE	D Employer Identification Number (EIN) 13-4129368	

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

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

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

1199SEIU NATIONAL BENEFIT FUND FOR

13-1628401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	RELATED PARTY	11236420	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	271464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	88461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHANGE HEALTHCARE LLC

81-3611560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	71525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE OPERATIONS, LLC

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	91584	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)

CHIA JUNG CHANG

CJ TRANSLATION COMPANY, 167 FREEDOM
STATEN ISLAND, NY 10314

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5652	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CQFLUENCY

32-0102982

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CVS PHARMACY, INC (ADMIN ONLY)

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	169943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVERNORTH BEHAVIORAL HEALTH, INC.

41-1648670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	465796	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIRST DATA CORP

47-0731996

(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?
15	NONE	6036	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)

HEALTHEQUITY, INC.

52-2383166

(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	31741	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INOVALON PROVIDER, INC

41-1973195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	87168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	231230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MED REVIEW INC

13-3240352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	27816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDCO HEALTH SOLUTIONS,INC.(ADMIN O

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	319631	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	359532	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)

OPTUM360 LLC

46-3328307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9439	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)

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	16708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RALPH S. BERGER, ESQ

13-2793161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	32300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEP VISUAL COMMUNICATIONS LLC

26-4662241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	239679	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)

WORKERS BENEFIT CONSORTIUM INC

82-2087332

(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?
38	NONE	272660	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ZELIS PAYMENTS HOLDINGS, LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	147059	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE</u>	D Employer Identification Number (EIN) <u>13-4129368</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MFB NORTHERN INSTL FDS GOVT SELECT</u>	
b Name of sponsor of entity listed in (a):	<u>THE NORTHERN TRUST COMPANY</u>	
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1269994</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE	D Employer Identification Number (EIN) 13-4129368

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 5237318	7730443
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 28768373	31719580
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 60077102	33766334
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 3480452	3866182
(2) U.S. Government securities	1c(2) 41317540	33878259
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5) 6672068	6241263
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9) 372315	1269994
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	79836

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	145925168	118551891
Liabilities			
g Benefit claims payable.....	1g	23240383	19661887
h Operating payables.....	1h	1634774	1751802
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2028579	717157
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26903736	22130846
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	119021432	96421045

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	122893855	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	5397932	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		128291787
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1550379	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1550379
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	820030	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		656478
d Total income. Add all income amounts in column (b) and enter total.....	2d		131318674

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	145122329	
(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)		145122329
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	4577510	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	231230	
(5) Investment advisory and investment management fees	2i(5)	34543	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	359532	
(8) Legal fees	2i(8)	49008	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	3544909	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8796732
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		153919061

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-22600387
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **KPMG LLP**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**1199SEIU NATIONAL BENEFIT FUND FOR
HOME CARE EMPLOYEES**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**1199SEIU NATIONAL BENEFIT FUND FOR
HOME CARE EMPLOYEES**

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

Independent Auditors' Report

The Board of Trustees
1199SEIU National Benefit Fund for Home Care Employees:

Opinion

We have audited the financial statements of 1199SEIU National Benefit Fund for Home Care Employees (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 NATIONAL BENEFIT FUND FOR
HOME CARE EMPLOYEES**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value (note 4)	\$ 35,148,253	41,689,855
3BF, net (note 9)	6,241,263	6,672,068
Cash and cash equivalents	11,596,625	8,717,770
Receivables:		
Employer's contributions (net of allowance for doubtful accounts of \$1,295,721 and \$1,502,973 for 2024 and 2023, respectively) (notes 2(g) and 2(i))	31,719,580	28,768,373
NYS QIVAPP (net of allowance for doubtful accounts of \$1,559,435 for 2024 and \$2,072,841 for 2023, respectively) (notes 1(c)(ii) and 2(i))	4,284,043	36,527,200
Member Premiums	985,584	1,376,127
Due from pharmacy benefit manager and others (note 2(f))	21,390,685	20,482,076
Accrued investment income	117,030	117,173
Due from related entities	6,988,992	1,574,526
Total receivables	65,485,914	88,845,475
Prepaid and other assets	79,836	—
Total assets	118,551,891	145,925,168
Liabilities:		
Due to brokers for securities purchased	—	1,277,611
Accounts payable and accrued expenses	1,751,802	1,634,774
Due to related entities	717,157	750,968
Total liabilities	2,468,959	3,663,353
Net assets available for benefits	\$ 116,082,932	142,261,815

See accompanying notes to financial statements.

**1199SEIU NATIONAL BENEFIT FUND FOR
HOME CARE EMPLOYEES**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value of investments (note 4)	\$ 820,030	1,040,194
Interest and dividends	1,550,379	2,124,406
	2,370,409	3,164,600
Less: investment expenses	34,543	44,815
Net investment income	2,335,866	3,119,785
Contributions:		
Employers	122,893,855	135,996,212
NYS QIVAPP (note 1(c)(ii))	1,009,792	31,535,251
Member premiums	4,334,482	5,539,668
COBRA payments	53,658	50,329
Total contributions	128,291,787	173,121,460
Interest and charges – employer delinquencies	163,837	224,432
Other income	492,641	45,876
Total additions	131,284,131	176,511,553
Deductions from net assets attributable to:		
Benefits paid (note 7)	148,700,825	169,555,338
Administrative expenses	7,849,517	12,103,091
General expenses	912,672	1,177,880
Total deductions	157,463,014	182,836,309
Net decrease	(26,178,883)	(6,324,756)
Net assets available for benefits:		
Beginning of year	142,261,815	148,586,571
End of year	\$ 116,082,932	142,261,815

See accompanying notes to financial statements.

**1199SEIU NATIONAL BENEFIT FUND FOR
HOME CARE EMPLOYEES**

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(1) Description of the Fund

The following brief description of the 1199SEIU National Benefit Fund for Home Care Employees (the Fund or Plan) provides only general information. Participants should refer to the Summary Plan Description (the SPD), including the Summary of Material Modifications, or the plan documents for a more complete description of the Plan provisions. Copies of the SPD and the plan documents are available from the Fund's management.

(a) General

The Plan is a contributory, multiemployer (Taft-Hartley), collectively bargained, defined employee welfare benefit fund subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). 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). The Fund is generally self-insured and self-administered.

(b) Plan Benefits and Eligibility

The Fund provides, among other benefits, medical, hospital, prescription drugs, vision and dental, and certain ancillary welfare benefits. Dental benefits are fully insured through Dentcare Delivery Systems, Inc. The Fund also offers life insurance benefits fully insured through Amalgamated Life Insurance Company.

In general, employees are eligible to participate in the Plan if they work in a covered job title at a contributing employer. All participants are eligible for certain benefits. Participants are eligible if they work the required hours per month for two consecutive calendar months. Participation begins one month later and ends one month after the second consecutive month in which the participants work fewer than the required hours.

Participants that are eligible for and elect health benefits or health reimbursement benefits must complete a Plan Election Form agreeing to pay a \$5.00 per week co-premium, (\$15.00 per week co-premium for members and dependents). Effective December 1, 2025, co-premium will increase from \$5.00 to \$45.00 per week (\$55.00 per week co-premium for members and dependents).

The Fund's Plan includes Eligibility Class 1 (EC1) and Eligibility Class 2 (EC2) tiers of coverage, established in November 2023, are based on income and hours worked.

Eligibility Class 1 (EC1) – Participants in EC1 are eligible for health benefits described in Section II of the SPD as well as life insurance benefits. In order to be eligible for EC1 coverage, a participant must satisfy the hours worked requirement, enroll in premium deduction and satisfy the family income threshold. Effective April 1, 2024 the hours worked required to be eligible for EC1 increased from 100 to 130 hours.

Eligibility Class 2 (EC2) - When members satisfy the Plan's 100-hour threshold and are below the household income requirement (250% of the Federal Poverty Level as of April 1, 2024), they are eligible for life insurance benefits. EC2 are not eligible for primary medical coverage through the Fund. EC2 participants with individual health coverage or Medicare are also eligible to elect reimbursement of premium or point-of-service costs up to \$2,000 or \$4,000 per year, respectively, if they enroll in the Fund's premium deduction.

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Terminated employees may be eligible for benefits if they are eligible to receive COBRA continuation coverage, have complied with the notice requirements, and pay monthly premiums.

The Fund is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

(c) Funding

(i) Employer Contributions

The Fund receives contributions pursuant to several collective bargaining agreements entered with contributing employers by the Union.

Contributions are based on a single rate per hours worked. The rate, however, varies based on whether the employer is a home care employer (“Home Care Contributing Employers” or “HCC Employers”) or a community-based organization or other non-home care employer (“Non-Home Care Agency Employers”). Effective with the contribution due on November 30, 2019, the contribution rate for most Home Care Contributing Employers has been no less than \$2.11 per hour on all hours worked, excluding overtime hours worked. The contribution rate for Non-Home Care Agency Employers is no less than \$5.31 per hour on all hours worked, excluding overtime hours worked.

Effective with respect to hours worked after January 1, 2024, Home Care Contributing Employers shall contribute at least \$2.21 per hour to the Fund for each hour worked subject to receipt of Enhanced Quality Incentive Vital Access Provider Pool “QIVAPP” funding (see below note ii). Enhanced QIVAPP provides funding to licensed home care agencies in New York State that satisfy certain state-established standards with respect to the employee training and employment practices anticipated to result in improved patient outcomes. Under the terms of the relevant collective bargaining agreements, the HCC Employers contribution rate reduces by \$1.55 per work hour if Enhanced QIVAPP funding is not received for the time period relating to such hours worked. New York State delivered Enhanced QIVAPP for the period April 1, 2024 through March 31, 2025 (the New York State fiscal year) and therefore, there was no Enhanced QIVAPP-related reduction in the HCC Employers contribution rate through March 31, 2025.

In accordance with the relevant collective bargaining agreements, effective with respect to hours worked after January 1, 2025, the HCC Employer contribution rate increased to \$2.25 per hour for each hour worked, exclusive of overtime hours worked, subject to receipt of Enhanced QIVAPP funding. To the extent that Enhanced QIVAPP funding is not received from New York State for hours worked after March 31, 2025, the contribution rate for most HCC Employers will be reduced to \$0.70 per hour on all hours worked, excluding overtime hours worked, after such date.

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(ii) Quality Incentive Vital Access Provider Pool (QIVAPP) Funding

The New York State 2022-2023 and 2023-2024 budgets were approved and included funding for the Quality Incentive Vital Access Provider Pool (QIVAPP) which provides funding to licensed home care agencies in New York state that satisfy certain state-established standards with respect to the employee training and employment practices. The Fund recognized \$1 million and \$32 million of those funds which were received by participating employers and contributed to the Fund during 2024 and 2023, respectively. As of December 31, 2024 and 2023, approximately \$4.3 million and \$36.5 million were recorded as receivable. The contributions of QIVAPP to the Fund were received in addition to employer contributions which come due under the Employer and Union's collective bargaining agreement. Participating employers were required to sign a side letter with the Union confirming the funding will be passed through to the Fund.

(d) Liquidity

The Fund has experienced decreases in cash flows and in net assets available for benefits. In June 2023, the Trustees signed a resolution committing to taking the necessary actions to address and resolve the funding shortfall. Subsequent resolutions restricted eligibility for the Fund's major medical coverage by increasing hours and implementing income thresholds, as noted in footnote 1(b). Additionally, the Fund will continue to receive employer contributions on behalf of eligible members. The Fund is also reliant on outstanding employer contributions obligations, that are in turn contingent on the receipt of QIVAPP funding to resolve its funding shortfall (see Footnote 13).

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Cash and cash equivalents

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

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

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

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

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

(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

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of assets, liabilities and changes therein and disclosure of contingent assets, liabilities, and benefit obligations at the date of the financial statements and accompanying notes. Actual results could differ from those estimates.

(e) Benefits Paid

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

(f) Rebates/Refunds

Rebates and refunds due from the Plan's Prescription Benefit Managers are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as a receivable, with the offset netted against benefits paid. Pharmacy drug rebates and refunds totaling approximately \$10.3 million and \$9 million are included as amounts due from pharmacy benefit manager and others and netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

The amounts due from pharmacy benefit manager and others also include a refund from the New York State Department of Health Office of Health Insurance Programs. This refund pertains to over-payments made under the New York State Health Care Reform Act Surcharge and Covered Lives Assessment for the period of January 2019 to June 2022, totaling \$10.6 million, which is netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2023. This amount was refunded during May 2025.

(g) Employer Contributions

The Fund recognizes contributions based on the latest signed collective bargaining agreement on an individual employer basis. Accordingly, if certain employers have yet to sign contracts under the new collective bargaining agreement(s), 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. 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 Fund recognizes contributions as revenue as these payroll costs are incurred.

(h) Receivables and Liabilities

The carrying value of receivables and liabilities approximates fair value.

(i) Allowance for Doubtful Accounts

Management of the Fund evaluates employer contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023, the allowance for doubtful accounts consists of a specific and general reserve. Employer contributions have specific and general reserve totaling \$1,295,721 and \$1,502,973, respectively, and QIVAPP has a specific and general reserve totaling \$1,559,435 and \$2,072,841, respectively.

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(3) Benefit Obligations

Benefit obligations are estimated by the Fund's actuary in accordance with generally accepted actuarial principles. The estimated claims payable and claims incurred but not reported represent those estimated future payments that are attributable, under the Fund's provisions, to services rendered to the participants prior to the valuation date. The estimated claims payable and claims incurred but not reported include benefits expected to be paid for present employees and their beneficiaries.

The accumulated eligibility credits benefit obligation represents the present value of a 90-day extension of benefits as of December 31, 2024 and 2023, for all future terminations other than death.

The calculations of the accumulated eligibility credit reserves as of December 31, 2024 and 2023 have been based on assumptions of future plan experience, including:

Discount rates		5.25% for 2024; 4.63% for 2023 (based on AA corporate bond rates)
Mortality	Healthy	2024: 95% of PRI-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex specific), Projected generationally from 2012 using Scale MP-2021 2023: PRI-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables (sex specific), Projected generationally from 2012 using Scale MP-2021
	Disabled	Pre-2012 Disabled Annuitant Amount-Weighted Mortality Tables (sex specific), projected generationally from 2012 using Scale MP-2021

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

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

	2024	2023
Benefit obligations:		
Amounts currently payable:		
Claims payable, claims incurred but not reported and other benefit obligations*	\$ 19,661,887	23,240,383
Post-employment benefit obligations, net of amounts currently payable:		
Accumulated eligibility credits	38,182,000	37,271,000
Total benefit obligations	\$ 57,843,887	60,511,383

*As of December 31, 2024 and 2023, claims payable, claims incurred but not reported and other benefit obligations include reserves related to the Medicaid Reclamation Prescription drug claims in the amount of approximately \$1.4 million and \$799 thousand, medical claims of approximately \$238 thousand and \$181 thousand and hospital claims of approximately \$119 thousand and \$118 thousand, respectively. Such amounts represent management's best estimate but could vary from what is ultimately payable.

Changes in benefit obligations:

	2024	2023
Amounts currently payable:		
Balance at beginning of year	\$ 23,240,383	23,577,534
Benefits reported and approved for payment, including benefits reclassified from post-employment benefit obligations	145,122,329	169,218,187
Benefits paid	(148,700,825)	(169,555,338)
Balance at end of year	19,661,887	23,240,383
Post-employment benefit obligations:		
Balance at beginning of year	37,271,000	67,084,000
Net change during year	911,000	(29,813,000)
Balance at end of year	38,182,000	37,271,000
Total benefit obligations at end of year	\$ 57,843,887	60,511,383

The net change in post-employment benefit obligations in 2024 is mainly due to:

- Discount rate increased from 4.63% to 5.25%, resulting in a decrease in reserves.
- Healthcare costs were updated to reflect current expectations, resulting in an increase in reserves.

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- Mortality rates were updated to reflect more recent experience, resulting in increase in the reserve.

(4) Investments and Fair Value Measurements

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

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

	2024	2023
Short-term investments	\$ 654,221	943,602
Government, agencies and other securities	165,809	96,592
Total	\$ 820,030	1,040,194

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

	2024	2023
United States Notes and T-Bill	\$ *	32,879,594
Federal Home Loan Bonds	*	7,184,285

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

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

Short-term investments consist of short-term investment funds, government notes and bonds, and highly-liquid investments which are readily convertible into cash and which have original maturities of three months or less. The majority of short-term investments are valued at amortized cost which approximates fair value.

Government and government agency securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Other fixed income securities include mortgage-backed securities and collateralized mortgage obligations, which are based on yields currently available on comparable securities of issuers with similar credit ratings or are valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

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.

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

		2024			
		Level 1	Level 2	Level 3	Total
Investments:					
Short-term investments:					
Cash and cash equivalents	\$	1,269,994	—	—	1,269,994
Government bonds		10,632,432	—	—	10,632,432
Notes deposits and commercial paper		—	3,107,540	—	3,107,540
Government and government agency securities		—	20,138,287	—	20,138,287
Total investments	\$	11,902,426	23,245,827	—	35,148,253

		2023			
		Level 1	Level 2	Level 3	Total
Investments:					
Short-term investments:					
Cash and cash equivalents	\$	372,315	—	—	372,315
Government bonds		28,155,652	—	—	28,155,652
Government and government agency securities		—	13,161,888	—	13,161,888
Total investments	\$	28,527,967	13,161,888	—	41,689,855

(5) Tax Status

The Fund received a determination letter from the Internal Revenue Service dated April 25, 2002 stating that the Trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Fund and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Fund has been amended since receiving the determination letter. However, the Fund's management and legal counsel believe that the Fund currently is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believe that the related trust is tax-exempt.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to federal income tax examinations for years prior to 2021.

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(6) Termination of the Plan

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

(7) Benefits Paid

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

	2024	2023
Net benefits:		
Hospital and health	\$ 147,422,534	167,830,025
Life insurance and accidental death	358,676	976,444
Scholarship, camp and other	919,615	748,869
	\$ 148,700,825	169,555,338

(8) Related Party Transactions

The Fund, the 1199SEIU Home Care Employees Pension Fund, 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 expenses.

Administrative expenses are paid by the 1199SEIU National Benefit Fund for Health and Human Service Employees (“NBF”) for all plans. These expenses are then pooled and allocated among the Related Funds based on an allocation study reviewed by an external consultant. The 2024 allocations were based on an allocation study that was approved on December 13, 2023 and the 2023 allocations were based on an allocation study that was approved on December 14, 2021. For the years ended December 31, 2024 and 2023, the amount of administrative expenses allocated to the Fund was approximately \$5.5 million and \$10.5 million, respectively. These amounts include allocated rent of \$505 thousand and \$1.1 million, for the years ended December 31, 2024 and 2023, respectively.

(9) 3BF

A lease agreement was entered into between 498 SEVENTH, LLC (George Comfort & Sons, Inc.) and M2M Holdings LLC (“M2M”), a wholly owned subsidiary of NBF, for office space. In connection with the lease, a Limited Liability Company called 3BF Partners LLC (“3BF”) was formed. The members of 3BF are: i) the Fund, ii) NBF and iii) 1199SEIU Greater New York Benefit (“GNYBF”). 3BF subleases a portion of the space covered by the 498 lease agreement. The support staff of the Fund occupy a portion of the leased space, and accordingly, M2M allocates a portion of the rent expenses to the Fund. In addition, the members remit their respective share of real estate build out costs incurred for the lease to 3BF. 3BF has incurred real estate build out costs of approximately \$99 million as of December 31, 2024 and 2023. The Fund’s allocated portion of the build out costs is \$8.6 million as of December 31, 2024 and 2023, representing approximately 8.6% of the total costs incurred. The remaining costs have been allocated to NBF and GNYBF, respectively. The

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build out costs started depreciation in 2020 when the assets were placed in service and are being depreciated over the shorter of the lease term or their useful lives. The Fund's 3BF balance has been reduced by the allocated share of accumulated depreciation in the amount of \$2.4 million and \$1.9 million as of December 31, 2024 and 2023, respectively, for a net amount of \$6.2 million and \$6.7 million as of December 31, 2024 and 2023, respectively.

(10) Concentration of Credit Risk

Financial instruments that subject the Fund to concentration of credit risk consist primarily of cash and short-term investments. The Fund maintains accounts at several financial institutions. While the Fund attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits.

At December 31, 2024, two groups of employers related among themselves represent approximately 13% and 12% of the Fund's total gross employer contribution receivable. At December 31, 2023, two groups of employers related among themselves represent approximately 13% and 12% of the Fund's total gross employer contribution receivable.

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

(11) Risks and Uncertainties

Preparing financial statements requires management to make estimates and assumptions about current, and for some cases future, economic and market conditions which affect reported amounts and related disclosures in the financial statements. Although current estimates and assumptions contemplate current as well as estimated future conditions, as applicable, it is reasonably possible that in the near term those estimates and assumptions could change which would have a material impact on amounts currently reported. These changes would impact future financial statements in accordance with U.S. GAAP. Examples of some of the more significant assumptions and estimates are as follows.

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

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

Due to COVID-19, 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 provisions of the amendment expired at the end of Plan year 2023.

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

(12) Reconciliation of Financial Statements of Form 5500

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

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 116,082,932	142,261,815
Less claims payable, claims incurred but not reported and other benefit obligations	(19,661,887)	(23,240,383)
Net assets available for benefits per Form 5500	\$ 96,421,045	119,021,432

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

	2024	2023
Benefits paid per the financial statements	\$ 148,700,825	169,555,338
Add claims payable, claims incurred but not reported and other benefit obligations at end of year	19,661,887	23,240,383
Less claims payable, claims incurred but not reported and other benefit obligations at beginning of year	(23,240,383)	(23,577,534)
Benefits paid per Form 5500	\$ 145,122,329	169,218,187

(13) Subsequent Events

In 2025, in accordance with relevant collective bargaining agreements, HCC employers will contribute to the Fund approximately \$19 million in funding received by such employers as a result of the New York State QIVAPP funding for the 2025-2026 state fiscal year.

Subsequent to December 31, 2024 and through October 15, 2025, the date through which management evaluated subsequent events were available for issuance, management has included all relevant subsequent events disclosures or amounts recorded.

SUPPLEMENTAL SCHEDULES

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)				
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
Short-term investments								
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT DISC NTS 08-25-2025	0.00%	8/25/2025	200,000	\$ 194,513	\$ 194,654	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-05-2025	0.00%	3/5/2025	500,000	485,046	496,253	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 03-07-2025	0.00%	3/7/2025	150,000	147,880	148,841	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-18-2025	0.00%	3/18/2025	550,000	537,571	545,042	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-21-2025	0.00%	3/21/2025	840,000	820,705	832,132	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LN BK DISC NT 05-07-2025	0.00%	5/7/2025	560,000	548,334	551,851	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DISC NT 01-31-2025	0.00%	1/31/2025	340,000	337,621	338,767	
*	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		1,269,994	1,269,994	1,269,994	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% TBILL01-02-2025	0.00%	1/2/2025	720,000	711,810	720,000	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-21-2025	0.00%	1/21/2025	730,000	719,048	728,365	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-28-2025	0.00%	1/28/2025	620,000	615,660	618,122	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-04-2025	0.00%	2/4/2025	500,000	492,641	498,078	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL02-06-2025	0.00%	2/6/2025	800,000	791,021	796,716	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-11-2025	0.00%	2/11/2025	620,000	610,921	617,118	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-13-2025	0.00%	2/13/2025	460,000	448,864	457,725	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% 03-06-2025	0.00%	3/6/2025	450,000	439,476	446,704	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-20-2025	0.00%	3/20/2025	800,000	782,401	792,853	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 04-03-2025	0.00%	4/3/2025	905,000	885,803	895,335	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 04-10-2025	0.00%	4/10/2025	750,000	733,762	741,511	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL05-01-2025	0.00%	5/1/2025	600,000	586,881	591,753	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% 03-27-2025	0.00%	3/27/2025	640,000	626,249	633,743	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 04-01-2025	0.00%	4/1/2025	500,000	492,744	494,856	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 04-08-2025	0.00%	4/8/2025	500,000	492,868	494,430	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 05-08-2025	0.00%	5/8/2025	400,000	391,385	394,199	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 06-05-2025	0.00%	6/5/2025	400,000	391,294	392,921	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 11-28-2025	0.00%	11/28/2025	330,000	317,165	318,003	
						15,134,994	\$ 14,871,657	\$ 15,009,966
Short-term investments total						15,134,994	\$ 14,871,657	\$ 15,009,966
Government and government agency securities								
	DISCORD INC	FEDERAL FARM CR BKS FLTG RATE 12-29-2025	4.70%	12/29/2025	340,000	\$ 340,952	\$ 340,881	
	DISCORD INC	FEDERAL FARM CR BKS FLTG RT 06-22-2026	4.48%	6/22/2026	450,000	449,862	449,915	
	FANNIE MAE	FANNIE MAE FLTG RT 08-21-2026	5.45%	8/21/2026	700,000	700,000	699,975	
	FANNIE MAE	FANNIE MAE FLTG RT 12-11-2026	4.51%	12/11/2026	340,000	340,000	339,977	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS FLTG 11-21-2025	4.45%	11/21/2025	800,000	799,902	800,569	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS FLTG RT 11-26-2025	4.45%	11/26/2025	1,000,000	999,752	1,000,710	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FED FARM CR BKS CONS SYSTEMWIDE BDS DTD FLTG RATE 4.45% 01-15-2026	4.47%	1/15/2026	460,000	460,000	460,337	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BK FLTG 03-11-2026	5.44%	3/11/2026	400,000	400,000	400,063	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FED FARM CR BKS CONS SYSTEMWIDE BDS DTD FLTG RATE 4.47% 04-17-2026	4.47%	4/17/2026	1,100,000	1,100,000	1,099,285	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CREDIT BANK 4.69% 04-21-2026	4.48%	4/21/2026	610,000	610,022	609,926	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS FLTG RT 08-26-2026	4.51%	8/26/2026	800,000	800,038	799,969	
	FEDERAL FARM CREDIT BANK	FEDERAL FARM CREDIT BANK FLTG 01-02-2026	4.43%	1/2/2026	1,000,000	997,941	1,000,772	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 05-28-2026	4.46%	5/28/2026	300,000	299,838	299,958	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 06-12-2026	4.46%	6/12/2026	500,000	498,446	499,895	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 06-18-2026	4.51%	6/18/2026	500,000	500,071	500,062	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP 59% 10-08-2025	0.59%	10/8/2025	500,000	485,500	486,192	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTG RT 03-05-2026	4.48%	3/5/2026	450,000	450,000	450,066	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTG 04-02-2026	4.58%	4/2/2026	400,000	400,000	399,957	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK .625% 12-18-2025	0.63%	12/18/2025	300,000	289,283	289,730	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTG RT 04-10-2026	4.48%	4/10/2026	500,000	499,861	500,101	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 8/9/2024 4.45% 02-09-2026	4.47%	2/9/2026	460,000	460,000	460,073	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 10/30/2024 4.46% 05-07-2026	4.48%	5/7/2026	400,000	400,000	399,948	

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

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
	FNMA	FNMA .7% DUE 07-14-2025	0.70%	7/14/2025	470,000	453,672	461,016
	FNMA	FNMA DTD 8/25/2020 .65% 08-25-2025	0.65%	8/25/2025	470,000	451,809	459,150
	FNMA	FNMA FLTG RT 09-11-2026	4.51%	9/11/2026	540,000	540,000	539,978
	FNMA	FNMA FLTG 10-23-2026	4.51%	10/23/2026	510,000	509,978	509,889
	FNMA	FNMA FLTG RT 11-20-2026	4.51%	11/20/2026	820,000	820,000	820,020
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 3.875%04-30-2025	3.88%	4/30/2025	1,000,000	991,042	998,484
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.625%DUE 06-30-2025 REG	4.63%	6/30/2025	500,000	498,476	501,203
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 09/30/2020 .25% 09-30-2025	0.25%	9/30/2025	1,100,000	1,063,758	1,068,024
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	5.00%	9/30/2025	400,000	402,281	402,088
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 10/31/2020 .25% 10-31-2025	0.25%	10/31/2025	330,000	317,928	319,363
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.875%11-30-2025	4.88%	11/30/2025	120,000	120,563	120,650
	UNITED STATES TREAS NTS	UNITED STS TREAS 0.375% 12-31-2025	0.38%	12/31/2025	330,000	317,174	317,762
	UNITED STATES TREAS NTS	UNITED STATES TREAS NTS 4.25% 12-31-2025	4.25%	12/31/2025	340,000	339,962	340,082
	US TREASURY N/B	UNITED STATES TREAS NTS 2.875% TNOTE 07-31-2025	2.88%	7/31/2025	1,000,000	979,453	992,217
	Government and government agency securities total				20,240,000	\$ 20,087,564	\$ 20,138,287
					20,240,000	\$ 20,087,564	\$ 20,138,287
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		3,866,182	\$ 3,866,182	\$ 3,866,182
	Interest bearing cash total				3,866,182	\$ 3,866,182	\$ 3,866,182
	Total assets held				39,241,176	\$ 38,825,403	\$ 39,014,435

* Party-in-interest

See accompanying independent auditors' report

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 4.685% 12-03-2024	Acquisitions	1	\$ 869,384		-	\$ 869,384	\$ 869,384	\$ -
FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 4.685% 12-03-2024	Dispositions	-	-	2	(1,432,396)	1,432,393	1,432,396	3
FEDERAL FARM CR BK CONS SYSTEMWIDE 0% DISC NTS 10-07-2024	Acquisitions	1	1,174,471		-	1,174,471	1,174,471	-
FEDERAL FARM CR BK CONS SYSTEMWIDE 0% DISC NTS 10-07-2024	Dispositions	-	-	2	(1,191,278)	1,174,471	1,191,278	16,807
FEDERAL FARM CREDIT 5.33% 10-16-2024	Acquisitions	1	1,200,000		-	1,200,000	1,200,000	-
FEDERAL FARM CREDIT 5.33% 10-16-2024	Dispositions	-	-	2	(1,200,000)	1,200,000	1,200,000	-
FEDERAL FARM CREDIT BANK 0% DISC NTS 07- 29-2024	Acquisitions	1	1,029,548		-	1,029,548	1,029,548	-
FEDERAL FARM CREDIT BANK 0% DISC NTS 07- 29-2024	Dispositions	-	-	1	(1,029,548)	1,029,548	1,029,548	-
FEDERAL FARM CREDIT BANK FLTG RT 08-14-2 025	Acquisitions	1	1,385,385		-	1,385,385	1,385,385	-
FEDERAL FARM CREDIT BANK FLTG RT 08-14-2 025	Dispositions	-	-	2	(1,385,593)	1,385,385	1,385,593	208
FEDERAL FARM CREDIT DISC NT 04-09-2024	Acquisitions	1	2,802,955		-	2,802,955	2,802,955	-
FEDERAL FARM CREDIT DISC NT 04-09-2024	Dispositions	-	-	1	(2,805,000)	2,802,955	2,805,000	2,045
FEDERAL FARM CREDIT FLTG RT 11-10-2025	Acquisitions	1	1,500,790		-	1,500,790	1,500,790	-
FEDERAL FARM CREDIT FLTG RT 11-10-2025	Dispositions	-	-	1	(1,501,028)	1,500,790	1,501,028	238
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Acquisitions	1	1,279,812		-	1,279,812	1,279,812	-
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Dispositions	-	-	1	(1,280,000)	1,279,812	1,280,000	188
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Acquisitions	1	1,749,230		-	1,749,230	1,749,230	-
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Dispositions	-	-	1	(1,750,000)	1,749,230	1,750,000	770
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Acquisitions	1	1,749,743		-	1,749,743	1,749,743	-
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Dispositions	-	-	1	(1,750,000)	1,749,743	1,750,000	257
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Acquisitions	1	1,879,726		-	1,879,726	1,879,726	-
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Dispositions	-	-	1	(1,880,000)	1,879,726	1,880,000	274
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Acquisitions	1	1,379,800		-	1,379,800	1,379,800	-
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Dispositions	-	-	1	(1,380,000)	1,379,800	1,380,000	200
FEDERAL HOME LN BK DISC NT 06-28-2024	Acquisitions	1	1,019,851		-	1,019,851	1,019,851	-
FEDERAL HOME LN BK DISC NT 06-28-2024	Dispositions	-	-	1	(1,020,000)	1,019,851	1,020,000	149
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Acquisitions	1	2,200,000		-	2,200,000	2,200,000	-
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Dispositions	-	-	3	(2,199,995)	2,200,000	2,199,995	(5)
FEDERAL HOME LOAN BANKS 03-07-2025	Acquisitions	2	1,252,055		-	1,252,055	1,252,055	-
FEDERAL HOME LOAN BANKS 03-07-2025	Dispositions	-	-	2	(1,104,174)	1,104,174	1,104,174	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Acquisitions	2	1,781,513		-	1,781,513	1,781,513	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Dispositions	-	-	2	(2,940,915)	2,939,507	2,940,915	1,408
UNITED STATES OF AMER TREAS BILLS DTD 0% T-BILL 03-05-2024	Dispositions	-	-	2	(2,288,727)	2,259,488	2,288,727	29,239
UNITED STATES OF AMER 0% T-BILL 04-25-2024	Acquisitions	1	2,514,400		-	2,514,400	2,514,400	-
UNITED STATES OF AMER 0% T-BILL 04-25-2024	Dispositions	-	-	1	(4,130,000)	4,071,368	4,130,000	58,632
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Acquisitions	1	1,715,845		-	1,715,845	1,715,845	-
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Dispositions	-	-	1	(1,715,845)	1,715,845	1,715,845	-

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Acquisitions	2	3,357,689		-	3,357,689	3,357,689	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Dispositions	-	-	2	(3,379,342)	3,357,689	3,379,342	21,653
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-18-2024	Acquisitions	1	3,975,389		-	3,975,389	3,975,389	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-18-2024	Dispositions	-	-	4	(3,985,480)	3,975,389	3,985,480	10,090
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Acquisitions	1	1,267,912		-	1,267,912	1,267,912	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Dispositions	-	-	1	(1,290,000)	1,267,912	1,290,000	22,088
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Acquisitions	1	3,478,503		-	3,478,503	3,478,503	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Dispositions	-	-	2	(5,035,763)	4,987,207	5,035,763	48,556
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Acquisitions	3	4,920,466		-	4,920,466	4,920,466	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Dispositions	-	-	2	(4,931,301)	4,920,466	4,931,301	10,835
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Acquisitions	1	1,269,771		-	1,269,771	1,269,771	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Dispositions	-	-	1	(1,275,000)	1,269,771	1,275,000	5,229
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Acquisitions	1	1,987,680		-	1,987,680	1,987,680	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Dispositions	-	-	1	(2,000,000)	1,987,680	2,000,000	12,320
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Acquisitions	1	1,670,768		-	1,670,768	1,670,768	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Dispositions	-	-	1	(1,700,000)	1,670,768	1,700,000	29,232
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Acquisitions	1	1,425,069		-	1,425,069	1,425,069	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Dispositions	-	-	3	(1,433,666)	1,425,069	1,433,666	8,597
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Acquisitions	1	2,456,780		-	2,456,780	2,456,780	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Dispositions	-	-	5	(2,466,634)	2,456,780	2,466,634	9,854
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Acquisitions	1	1,312,417		-	1,312,417	1,312,417	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Dispositions	-	-	3	(1,322,200)	1,312,417	1,322,200	9,783
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL03-07-2024	Acquisitions	1	7,996,487		-	7,996,487	7,996,487	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL03-07-2024	Dispositions	-	-	1	(8,000,000)	7,996,487	8,000,000	3,513
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Acquisitions	1	1,749,627		-	1,749,627	1,749,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Dispositions	-	-	3	(1,749,627)	1,749,627	1,749,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Acquisitions	2	1,258,510		-	1,258,510	1,258,510	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Dispositions	-	-	1	(1,258,510)	1,258,510	1,258,510	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-12-2024	Acquisitions	1	2,528,151		-	2,528,151	2,528,151	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-12-2024	Dispositions	-	-	1	(2,530,000)	2,528,151	2,530,000	1,849
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Acquisitions	1	2,733,050		-	2,733,050	2,733,050	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Dispositions	-	-	2	(2,737,735)	2,733,050	2,737,735	4,684
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Acquisitions	1	1,631,370		-	1,631,370	1,631,370	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Dispositions	-	-	2	(1,641,891)	1,631,370	1,641,891	10,521
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Acquisitions	1	1,399,593		-	1,399,593	1,399,593	-
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Dispositions	-	-	1	(1,400,000)	1,399,593	1,400,000	407
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Acquisitions	1	1,523,711		-	1,523,711	1,523,711	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Dispositions	-	-	1	(2,055,000)	2,039,583	2,055,000	15,417

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Acquisitions	1	3,493,855		-	3,493,855	3,493,855	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Dispositions	-	-	1	(3,500,000)	3,493,855	3,500,000	6,145
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Acquisitions	1	1,322,018		-	1,322,018	1,322,018	-
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Dispositions	-	-	1	(1,319,888)	1,322,018	1,319,888	(2,130)
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Acquisitions	1	1,500,046		-	1,500,046	1,500,046	-
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Dispositions	-	-	2	(1,500,273)	1,500,046	1,500,273	226
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-2026	Acquisitions	2	3,200,319		-	3,200,319	3,200,319	-
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-2026	Dispositions	-	-	3	(3,196,953)	3,200,319	3,196,953	(3,366)
UNITED STS TREAS 0% T-BILL 10-08-2024	Acquisitions	1	1,307,038		-	1,307,038	1,307,038	-
UNITED STS TREAS 0% T-BILL 10-08-2024	Dispositions	-	-	3	(1,321,885)	1,307,038	1,321,885	14,848
UNITED STS TREAS BILLS 0% T-BILL 03-14-2 024	Acquisitions	1	2,529,257		-	2,529,257	2,529,257	-
UNITED STS TREAS BILLS 0% T-BILL 03-14-2 024	Dispositions	-	-	1	(2,530,000)	2,529,257	2,530,000	743
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Acquisitions	1	1,292,078		-	1,292,078	1,292,078	-
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Dispositions	-	-	2	(1,295,247)	1,292,078	1,295,247	3,169
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Acquisitions	2	1,353,371		-	1,353,371	1,353,371	-
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Dispositions	-	-	3	(1,360,896)	1,353,371	1,360,896	7,526
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Acquisitions	1	2,434,998		-	2,434,998	2,434,998	-
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Dispositions	-	-	5	(2,450,729)	2,434,998	2,450,729	15,730
UNITED STS TREAS BILLS 04-30-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,398,975		-	1,398,975	1,398,975	-
UNITED STS TREAS BILLS 04-30-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(2,700,000)	1,398,975	2,700,000	23,413
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,309,617		-	1,309,617	1,309,617	-
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,315,000)	1,309,617	1,315,000	5,383
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,487,695		-	1,487,695	1,487,695	-
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,500,000)	1,487,695	1,500,000	12,305
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,545,217		-	1,545,217	1,545,217	-
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,545,217)	1,545,217	1,545,217	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,379,360		-	1,379,360	1,379,360	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,379,360)	1,379,360	1,379,360	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Acquisitions	1	1,606,707		-	1,606,707	1,606,707	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Dispositions	-	-	1	(1,620,000)	1,606,707	1,620,000	13,293
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Acquisitions	2	4,110,426		-	4,110,426	4,110,426	-
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Dispositions	-	-	6	(4,112,690)	4,110,426	4,112,690	2,264
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Acquisitions	1	1,983,612		-	1,983,612	1,983,612	-
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Dispositions	-	-	2	(1,998,648)	1,983,612	1,998,648	15,036
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Acquisitions	1	1,505,712		-	1,505,712	1,505,712	-
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Dispositions	-	-	2	(1,539,151)	1,505,712	1,539,151	33,440
UNITED STS TREAS BILLS DTD 08/31/2023 0% 02-29-2024	Acquisitions	1	1,500,698		-	1,500,698	1,500,698	-

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STS TREAS BILLS DTD 08/31/2023 0% 02-29-2024	Dispositions	-	-	2	(1,503,778)	1,500,698	1,503,778	3,080
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Acquisitions	2	4,879,761		-	4,879,761	4,879,761	-
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Dispositions	-	-	1	(4,890,000)	4,879,761	4,890,000	10,239
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	91	23,604,891		-	23,604,891	23,604,891	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	-	77	(22,707,212)	22,707,212	22,707,212	-

See accompanying independent auditors' report

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)				
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Interest Rate	Maturity Date	Par/CV	Cost	Current Value	
Short-term investments								
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT DISC NTS 08-25-2025	0.00%	8/25/2025	200,000	\$ 194,513	\$ 194,654	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-05-2025	0.00%	3/5/2025	500,000	485,046	496,253	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 03-07-2025	0.00%	3/7/2025	150,000	147,880	148,841	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-18-2025	0.00%	3/18/2025	550,000	537,571	545,042	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LOAN BANKS 0% 03-21-2025	0.00%	3/21/2025	840,000	820,705	832,132	
	FEDERAL HOME LOAN BANKS	FEDERAL HOME LN BK DISC NT 05-07-2025	0.00%	5/7/2025	560,000	548,334	551,851	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DISC NT 01-31-2025	0.00%	1/31/2025	340,000	337,621	338,767	
*	NORTHERN INSTL FDS	MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	0.05%		1,269,994	1,269,994	1,269,994	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% TBILL01-02-2025	0.00%	1/2/2025	720,000	711,810	720,000	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-21-2025	0.00%	1/21/2025	730,000	719,048	728,365	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-28-2025	0.00%	1/28/2025	620,000	615,660	618,122	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-04-2025	0.00%	2/4/2025	500,000	492,641	498,078	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL02-06-2025	0.00%	2/6/2025	800,000	791,021	796,716	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-11-2025	0.00%	2/11/2025	620,000	610,921	617,118	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 02-13-2025	0.00%	2/13/2025	460,000	448,864	457,725	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% 03-06-2025	0.00%	3/6/2025	450,000	439,476	446,704	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-20-2025	0.00%	3/20/2025	800,000	782,401	792,853	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 04-03-2025	0.00%	4/3/2025	905,000	885,803	895,335	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 04-10-2025	0.00%	4/10/2025	750,000	733,762	741,511	
	UNITED STATES OF AMER TREAS BILLS	UNITED STATES OF AMER TREAS BILLS 0% T-BILL05-01-2025	0.00%	5/1/2025	600,000	586,881	591,753	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% 03-27-2025	0.00%	3/27/2025	640,000	626,249	633,743	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 04-01-2025	0.00%	4/1/2025	500,000	492,744	494,856	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 04-08-2025	0.00%	4/8/2025	500,000	492,868	494,430	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 05-08-2025	0.00%	5/8/2025	400,000	391,385	394,199	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 06-05-2025	0.00%	6/5/2025	400,000	391,294	392,921	
	UNITED STS TREAS BILLS	UNITED STS TREAS BILLS 0% T-BILL 11-28-2025	0.00%	11/28/2025	330,000	317,165	318,003	
						15,134,994	\$ 14,871,657	\$ 15,009,966
Short-term investments total						15,134,994	\$ 14,871,657	\$ 15,009,966
Government and government agency securities								
	DISCORD INC	FEDERAL FARM CR BKS FLTG RATE 12-29-2025	4.70%	12/29/2025	340,000	\$ 340,952	\$ 340,881	
	DISCORD INC	FEDERAL FARM CR BKS FLTG RT 06-22-2026	4.48%	6/22/2026	450,000	449,862	449,915	
	FANNIE MAE	FANNIE MAE FLTG RT 08-21-2026	5.45%	8/21/2026	700,000	700,000	699,975	
	FANNIE MAE	FANNIE MAE FLTG RT 12-11-2026	4.51%	12/11/2026	340,000	340,000	339,977	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS FLTG 11-21-2025	4.45%	11/21/2025	800,000	799,902	800,569	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS FLTG RT 11-26-2025	4.45%	11/26/2025	1,000,000	999,752	1,000,710	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FED FARM CR BKS CONS SYSTEMWIDE BDS DTD FLTG RATE 4.45% 01-15-2026	4.47%	1/15/2026	460,000	460,000	460,337	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BK FLTG 03-11-2026	5.44%	3/11/2026	400,000	400,000	400,063	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FED FARM CR BKS CONS SYSTEMWIDE BDS DTD FLTG RATE 4.47% 04-17-2026	4.47%	4/17/2026	1,100,000	1,100,000	1,099,285	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CREDIT BANK 4.69% 04-21-2026	4.48%	4/21/2026	610,000	610,022	609,926	
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	FEDERAL FARM CR BKS FLTG RT 08-26-2026	4.51%	8/26/2026	800,000	800,038	799,969	
	FEDERAL FARM CREDIT BANK	FEDERAL FARM CREDIT BANK FLTG 01-02-2026	4.43%	1/2/2026	1,000,000	997,941	1,000,772	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 05-28-2026	4.46%	5/28/2026	300,000	299,838	299,958	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 06-12-2026	4.46%	6/12/2026	500,000	498,446	499,895	
	FEDERAL FARM CREDIT	FEDERAL FARM CREDIT FLTG 06-18-2026	4.51%	6/18/2026	500,000	500,071	500,062	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP 59% 10-08-2025	0.59%	10/8/2025	500,000	485,500	486,192	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTG RT 03-05-2026	4.48%	3/5/2026	450,000	450,000	450,066	
	FEDERAL HOME LN MTG CORP	FEDERAL HOME LN MTG CORP FLTG 04-02-2026	4.58%	4/2/2026	400,000	400,000	399,957	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK .625% 12-18-2025	0.63%	12/18/2025	300,000	289,283	289,730	
	FEDERAL HOME LOAN BANK	FEDERAL HOME LOAN BANK FLTG RT 04-10-2026	4.48%	4/10/2026	500,000	499,861	500,101	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 8/9/2024 4.45% 02-09-2026	4.47%	2/9/2026	460,000	460,000	460,073	
	FEDERAL HOME LOAN MORTGAGE CORP	FEDERAL HOME LOAN MORTGAGE CORP DTD 10/30/2024 4.46% 05-07-2026	4.48%	5/7/2026	400,000	400,000	399,948	

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

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
	FNMA	FNMA .7% DUE 07-14-2025	0.70%	7/14/2025	470,000	453,672	461,016
	FNMA	FNMA DTD 8/25/2020 .65% 08-25-2025	0.65%	8/25/2025	470,000	451,809	459,150
	FNMA	FNMA FLTG RT 09-11-2026	4.51%	9/11/2026	540,000	540,000	539,978
	FNMA	FNMA FLTG 10-23-2026	4.51%	10/23/2026	510,000	509,978	509,889
	FNMA	FNMA FLTG RT 11-20-2026	4.51%	11/20/2026	820,000	820,000	820,020
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 3.875%04-30-2025	3.88%	4/30/2025	1,000,000	991,042	998,484
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.625%DUE 06-30-2025 REG	4.63%	6/30/2025	500,000	498,476	501,203
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 09/30/2020 .25% 09-30-2025	0.25%	9/30/2025	1,100,000	1,063,758	1,068,024
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 5% NTS 09-30-2025	5.00%	9/30/2025	400,000	402,281	402,088
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES DTD 10/31/2020 .25% 10-31-2025	0.25%	10/31/2025	330,000	317,928	319,363
	UNITED STATES OF AMER TREAS NOTES	UNITED STATES OF AMER TREAS NOTES 4.875%11-30-2025	4.88%	11/30/2025	120,000	120,563	120,650
	UNITED STATES TREAS NTS	UNITED STS TREAS 0.375% 12-31-2025	0.38%	12/31/2025	330,000	317,174	317,762
	UNITED STATES TREAS NTS	UNITED STATES TREAS NTS 4.25% 12-31-2025	4.25%	12/31/2025	340,000	339,962	340,082
	US TREASURY N/B	UNITED STATES TREAS NTS 2.875% TNOTE 07-31-2025	2.88%	7/31/2025	1,000,000	979,453	992,217
	Government and government agency securities total				20,240,000	\$ 20,087,564	\$ 20,138,287
					20,240,000	\$ 20,087,564	\$ 20,138,287
	Interest bearing cash						
	JPMorgan Chase	JP Morgan U.S. GOVT MONEY MARKET FUND	4.34%		3,866,182	\$ 3,866,182	\$ 3,866,182
	Interest bearing cash total				3,866,182	\$ 3,866,182	\$ 3,866,182
	Total assets held				39,241,176	\$ 38,825,403	\$ 39,014,435

* Party-in-interest

See accompanying independent auditors' report

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 4.685% 12-03-2024	Acquisitions	1	\$ 869,384		-	\$ 869,384	\$ 869,384	\$ -
FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 4.685% 12-03-2024	Dispositions	-	-	2	(1,432,396)	1,432,393	1,432,396	3
FEDERAL FARM CR BK CONS SYSTEMWIDE 0% DISC NTS 10-07-2024	Acquisitions	1	1,174,471		-	1,174,471	1,174,471	-
FEDERAL FARM CR BK CONS SYSTEMWIDE 0% DISC NTS 10-07-2024	Dispositions	-	-	2	(1,191,278)	1,174,471	1,191,278	16,807
FEDERAL FARM CREDIT 5.33% 10-16-2024	Acquisitions	1	1,200,000		-	1,200,000	1,200,000	-
FEDERAL FARM CREDIT 5.33% 10-16-2024	Dispositions	-	-	2	(1,200,000)	1,200,000	1,200,000	-
FEDERAL FARM CREDIT BANK 0% DISC NTS 07- 29-2024	Acquisitions	1	1,029,548		-	1,029,548	1,029,548	-
FEDERAL FARM CREDIT BANK 0% DISC NTS 07- 29-2024	Dispositions	-	-	1	(1,029,548)	1,029,548	1,029,548	-
FEDERAL FARM CREDIT BANK FLTG RT 08-14-2 025	Acquisitions	1	1,385,385		-	1,385,385	1,385,385	-
FEDERAL FARM CREDIT BANK FLTG RT 08-14-2 025	Dispositions	-	-	2	(1,385,593)	1,385,385	1,385,593	208
FEDERAL FARM CREDIT DISC NT 04-09-2024	Acquisitions	1	2,802,955		-	2,802,955	2,802,955	-
FEDERAL FARM CREDIT DISC NT 04-09-2024	Dispositions	-	-	1	(2,805,000)	2,802,955	2,805,000	2,045
FEDERAL FARM CREDIT FLTG RT 11-10-2025	Acquisitions	1	1,500,790		-	1,500,790	1,500,790	-
FEDERAL FARM CREDIT FLTG RT 11-10-2025	Dispositions	-	-	1	(1,501,028)	1,500,790	1,501,028	238
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Acquisitions	1	1,279,812		-	1,279,812	1,279,812	-
FEDERAL HOME LN BK CONS DISC NTS 05-29-2024	Dispositions	-	-	1	(1,280,000)	1,279,812	1,280,000	188
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Acquisitions	1	1,749,230		-	1,749,230	1,749,230	-
FEDERAL HOME LN BK CONS DISC NTS 07-08-2024	Dispositions	-	-	1	(1,750,000)	1,749,230	1,750,000	770
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Acquisitions	1	1,749,743		-	1,749,743	1,749,743	-
FEDERAL HOME LN BK CONS DISC NTS 07-09-2024	Dispositions	-	-	1	(1,750,000)	1,749,743	1,750,000	257
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Acquisitions	1	1,879,726		-	1,879,726	1,879,726	-
FEDERAL HOME LN BK CONS DISC NTS 09-04-2024	Dispositions	-	-	1	(1,880,000)	1,879,726	1,880,000	274
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Acquisitions	1	1,379,800		-	1,379,800	1,379,800	-
FEDERAL HOME LN BK CONS DISC NTS 09-05-2024	Dispositions	-	-	1	(1,380,000)	1,379,800	1,380,000	200
FEDERAL HOME LN BK DISC NT 06-28-2024	Acquisitions	1	1,019,851		-	1,019,851	1,019,851	-
FEDERAL HOME LN BK DISC NT 06-28-2024	Dispositions	-	-	1	(1,020,000)	1,019,851	1,020,000	149
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Acquisitions	1	2,200,000		-	2,200,000	2,200,000	-
FEDERAL HOME LN BKS CONS BD DTD 05/20/2024 FLTG 5.35% 08-20-2024	Dispositions	-	-	3	(2,199,995)	2,200,000	2,199,995	(5)
FEDERAL HOME LOAN BANKS 03-07-2025	Acquisitions	2	1,252,055		-	1,252,055	1,252,055	-
FEDERAL HOME LOAN BANKS 03-07-2025	Dispositions	-	-	2	(1,104,174)	1,104,174	1,104,174	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Acquisitions	2	1,781,513		-	1,781,513	1,781,513	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-11-2024	Dispositions	-	-	2	(2,940,915)	2,939,507	2,940,915	1,408
UNITED STATES OF AMER TREAS BILLS DTD 0% T-BILL 03-05-2024	Dispositions	-	-	2	(2,288,727)	2,259,488	2,288,727	29,239
UNITED STATES OF AMER 0% T-BILL 04-25-2024	Acquisitions	1	2,514,400		-	2,514,400	2,514,400	-
UNITED STATES OF AMER 0% T-BILL 04-25-2024	Dispositions	-	-	1	(4,130,000)	4,071,368	4,130,000	58,632
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Acquisitions	1	1,715,845		-	1,715,845	1,715,845	-
UNITED STATES OF AMER TREAS BILLS 0% 08-27-2024	Dispositions	-	-	1	(1,715,845)	1,715,845	1,715,845	-

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Acquisitions	2	3,357,689		-	3,357,689	3,357,689	-
UNITED STATES OF AMER TREAS BILLS 0% T- BILL 07-16-2024	Dispositions	-	-	2	(3,379,342)	3,357,689	3,379,342	21,653
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-18-2024	Acquisitions	1	3,975,389		-	3,975,389	3,975,389	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 04-18-2024	Dispositions	-	-	4	(3,985,480)	3,975,389	3,985,480	10,090
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Acquisitions	1	1,267,912		-	1,267,912	1,267,912	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-14-2024	Dispositions	-	-	1	(1,290,000)	1,267,912	1,290,000	22,088
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Acquisitions	1	3,478,503		-	3,478,503	3,478,503	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-16-2024	Dispositions	-	-	2	(5,035,763)	4,987,207	5,035,763	48,556
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Acquisitions	3	4,920,466		-	4,920,466	4,920,466	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-21-2024	Dispositions	-	-	2	(4,931,301)	4,920,466	4,931,301	10,835
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Acquisitions	1	1,269,771		-	1,269,771	1,269,771	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 05-28-2024	Dispositions	-	-	1	(1,275,000)	1,269,771	1,275,000	5,229
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Acquisitions	1	1,987,680		-	1,987,680	1,987,680	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 06-27-2024	Dispositions	-	-	1	(2,000,000)	1,987,680	2,000,000	12,320
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Acquisitions	1	1,670,768		-	1,670,768	1,670,768	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-02-2024	Dispositions	-	-	1	(1,700,000)	1,670,768	1,700,000	29,232
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Acquisitions	1	1,425,069		-	1,425,069	1,425,069	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 07-23-2024	Dispositions	-	-	3	(1,433,666)	1,425,069	1,433,666	8,597
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Acquisitions	1	2,456,780		-	2,456,780	2,456,780	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 08-13-2024	Dispositions	-	-	5	(2,466,634)	2,456,780	2,466,634	9,854
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Acquisitions	1	1,312,417		-	1,312,417	1,312,417	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL 10-10-2024	Dispositions	-	-	3	(1,322,200)	1,312,417	1,322,200	9,783
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL03-07-2024	Acquisitions	1	7,996,487		-	7,996,487	7,996,487	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL03-07-2024	Dispositions	-	-	1	(8,000,000)	7,996,487	8,000,000	3,513
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Acquisitions	1	1,749,627		-	1,749,627	1,749,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-B ILL11-12-2024	Dispositions	-	-	3	(1,749,627)	1,749,627	1,749,627	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Acquisitions	2	1,258,510		-	1,258,510	1,258,510	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-16-2025	Dispositions	-	-	1	(1,258,510)	1,258,510	1,258,510	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-12-2024	Acquisitions	1	2,528,151		-	2,528,151	2,528,151	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-12-2024	Dispositions	-	-	1	(2,530,000)	2,528,151	2,530,000	1,849
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Acquisitions	1	2,733,050		-	2,733,050	2,733,050	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 06-06-2024	Dispositions	-	-	2	(2,737,735)	2,733,050	2,737,735	4,684
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Acquisitions	1	1,631,370		-	1,631,370	1,631,370	-
UNITED STATES OF AMER TREAS BILLS 0% TBI LL 10-15-2024	Dispositions	-	-	2	(1,641,891)	1,631,370	1,641,891	10,521
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Acquisitions	1	1,399,593		-	1,399,593	1,399,593	-
UNITED STATES OF AMER TREAS BILLS DUE 01-25-2024	Dispositions	-	-	1	(1,400,000)	1,399,593	1,400,000	407
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Acquisitions	1	1,523,711		-	1,523,711	1,523,711	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 03-26-2024	Dispositions	-	-	1	(2,055,000)	2,039,583	2,055,000	15,417

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Acquisitions	1	3,493,855		-	3,493,855	3,493,855	-
UNITED STATES OF AMER TREAS BONDS 0% T-BILL 04-16-2024	Dispositions	-	-	1	(3,500,000)	3,493,855	3,500,000	6,145
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Acquisitions	1	1,322,018		-	1,322,018	1,322,018	-
UNITED STATES OF AMER TREAS NOTES FLTG R T 01-31-2026	Dispositions	-	-	1	(1,319,888)	1,322,018	1,319,888	(2,130)
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Acquisitions	1	1,500,046		-	1,500,046	1,500,046	-
UNITED STATES OF AMER TREAS NOTES FLTG R T07-31-2025	Dispositions	-	-	2	(1,500,273)	1,500,046	1,500,273	226
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-2026	Acquisitions	2	3,200,319		-	3,200,319	3,200,319	-
UNITED STATES TREAS NTS DTD 04/30/2024 FLTG RATE 4.44615% 04-30-2026	Dispositions	-	-	3	(3,196,953)	3,200,319	3,196,953	(3,366)
UNITED STS TREAS 0% T-BILL 10-08-2024	Acquisitions	1	1,307,038		-	1,307,038	1,307,038	-
UNITED STS TREAS 0% T-BILL 10-08-2024	Dispositions	-	-	3	(1,321,885)	1,307,038	1,321,885	14,848
UNITED STS TREAS BILLS 0% T-BILL 03-14-2 024	Acquisitions	1	2,529,257		-	2,529,257	2,529,257	-
UNITED STS TREAS BILLS 0% T-BILL 03-14-2 024	Dispositions	-	-	1	(2,530,000)	2,529,257	2,530,000	743
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Acquisitions	1	1,292,078		-	1,292,078	1,292,078	-
UNITED STS TREAS BILLS 0% T-BILL 09-26-2 024	Dispositions	-	-	2	(1,295,247)	1,292,078	1,295,247	3,169
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Acquisitions	2	1,353,371		-	1,353,371	1,353,371	-
UNITED STS TREAS BILLS 0% T-BILL 12-03-2 024	Dispositions	-	-	3	(1,360,896)	1,353,371	1,360,896	7,526
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Acquisitions	1	2,434,998		-	2,434,998	2,434,998	-
UNITED STS TREAS BILLS 0% T-BILL 12-05-2 024	Dispositions	-	-	5	(2,450,729)	2,434,998	2,450,729	15,730
UNITED STS TREAS BILLS 04-30-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,398,975		-	1,398,975	1,398,975	-
UNITED STS TREAS BILLS 04-30-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(2,700,000)	1,398,975	2,700,000	23,413
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,309,617		-	1,309,617	1,309,617	-
UNITED STS TREAS BILLS 06-11-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,315,000)	1,309,617	1,315,000	5,383
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,487,695		-	1,487,695	1,487,695	-
UNITED STS TREAS BILLS 06-25-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,500,000)	1,487,695	1,500,000	12,305
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,545,217		-	1,545,217	1,545,217	-
UNITED STS TREAS BILLS 08-15-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,545,217)	1,545,217	1,545,217	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Acquisitions	1	1,379,360		-	1,379,360	1,379,360	-
UNITED STS TREAS BILLS 09-19-2024 UNITED STS TREAS BILLS	Dispositions	-	-	1	(1,379,360)	1,379,360	1,379,360	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Acquisitions	1	1,606,707		-	1,606,707	1,606,707	-
UNITED STS TREAS BILLS DTD 02/20/2024 0% 06-18-2024	Dispositions	-	-	1	(1,620,000)	1,606,707	1,620,000	13,293
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Acquisitions	2	4,110,426		-	4,110,426	4,110,426	-
UNITED STS TREAS BILLS DTD 04/23/2024 0% 08-20-2024	Dispositions	-	-	6	(4,112,690)	4,110,426	4,112,690	2,264
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Acquisitions	1	1,983,612		-	1,983,612	1,983,612	-
UNITED STS TREAS BILLS DTD 05/07/2024 0% 09-03-2024	Dispositions	-	-	2	(1,998,648)	1,983,612	1,998,648	15,036
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Acquisitions	1	1,505,712		-	1,505,712	1,505,712	-
UNITED STS TREAS BILLS DTD 07/13/2023 0% 07-11-2024	Dispositions	-	-	2	(1,539,151)	1,505,712	1,539,151	33,440
UNITED STS TREAS BILLS DTD 08/31/2023 0% 02-29-2024	Acquisitions	1	1,500,698		-	1,500,698	1,500,698	-

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) - 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)
UNITED STS TREAS BILLS DTD 08/31/2023 0% 02-29-2024	Dispositions	-	-	2	(1,503,778)	1,500,698	1,503,778	3,080
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Acquisitions	2	4,879,761		-	4,879,761	4,879,761	-
UNITED STS TREAS BILLS DTD 12/26/2023 0% 04-23-2024	Dispositions	-	-	1	(4,890,000)	4,879,761	4,890,000	10,239
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Acquisitions	91	23,604,891		-	23,604,891	23,604,891	-
MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A	Dispositions	-	-	77	(22,707,212)	22,707,212	22,707,212	-

See accompanying independent auditors' report

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

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

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan 1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES	1b Three-digit plan number (PN) ▶ 501 <hr/> 1c Effective date of plan 09/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF 1199SEIU NATL BENEFIT FND FOR HOME CARE EMPLOYEE P.O. BOX 842 NEW YORK, NY 10108	2b Employer Identification Number (EIN) 13-4129368 <hr/> 2c Plan Sponsor's telephone number 646-473-6656 <hr/> 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.

SIGN HERE	<i>DRey</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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 13-4129368
	3c Administrator's telephone number 646-473-6656

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 18013
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 18013
a(2) Total number of active participants at the end of the plan year	6a(2) 12975
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 12975
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 48

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____