Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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)
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

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	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

3a Plan administrator's name and address [X] 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**	21576
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)**	21576
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	19931
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19931
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	19931
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[ ]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
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	22511	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**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** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] 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)**	923244		
(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)**	923244
b Benefit charges (1) Claims paid	**9b(1)**	421760		
(2) Increase (decrease) in claim reserves	**9b(2)**	-94074		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	327686
(4) Claims charged			**9b(4)**	327686
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)**	41546		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**	18465		
(F) Charges for risks or other contingencies	**9c(1)(F)**	2055		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	62066
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	649438
(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**	139886
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 [X] 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
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	1676	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**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** [X] 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 [ ] paid in cash, or [ ] 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**	192352
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1199SEIU NATIONAL BENEFIT FUND FOR

13-1628401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	11420044	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	NONE	284287	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABILITY NETWORK 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	19906	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BENCOM, LLC

20-2135022

(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	5852	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	159850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	339535	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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 SOLUTIONS, LLC

20-5716594

(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	20030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSOLIDATED COLOR PRESS INC

13-2797841

(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	39051	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	600580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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	5514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	122892	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	42069	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MEDCO HEALTH SOLUTIONS, INC.

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	683908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	386516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RALPH S. BERGER, ESQ

11-2793161

(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	28800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SD SANDSPORT DATA SERVICES, LLC

27-2124787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	5080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	128936	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	52425	Yes [ ] No [X]

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)

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	84329	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	8468	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

B Three-digit plan number (PN) ▶ 501

C Plan or DFE 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 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: MFB NORTHERN INSTL FDS GOVT SELECT

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

c EIN-PN 36-6036794-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2397082

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27981831	28687857
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24477628	30373672
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10655633	11637630
(2) U.S. Government securities	1c(2)	81778242	72416367
(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)	7869270	7197228
(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)	438970	2397082
(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)	31596	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	153233170	152709836
Liabilities			
g Benefit claims payable	1g	29348754	23577534
h Operating payables	1h	1842389	1352381
i Acquisition indebtedness	1i		
j Other liabilities	1j	1551043	2770884
k Total liabilities (add all amounts in lines 1g through1j)	1k	32742186	27700799
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	120490984	125009037

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)	138411599	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	55723852	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		194135451
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)	540606	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		540606
(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)	249627	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		249627

		(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		91152
d Total income. Add all **income** amounts in column (b) and enter total	2d		195016836
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	177052417	
(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)		177052417
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	850549	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	48090	
(4) Other	2i(4)	12547727	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13446366
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		190498783
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4518053
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) [X] 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)** [X] 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** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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.)	4a		X	

		Yes	No	Amount
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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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, 2022 and 2021

(With Independent Auditors' Report Thereon)

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

Table of Contents

	Page(s)
Independent Auditors' Report	1–3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6–17
Supplemental Schedules	
Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022	18
Schedule H, line 4j – Schedule of Reportable Transactions for the year ended December 31, 2022	19

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, 2022 and 2021, 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, 2022 and 2021, 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.

Emphasis of Matter

As discussed in Note 1(d) to the financial statements, the Fund has experienced decreases in net assets available for benefits and anticipates low operating cash flows. Management's evaluation of the events and conditions and management's plans to mitigate the matter are also described in Note 1(d). Our opinion is not modified with respect to this matter.

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, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended December 31, 2022 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 audit 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 12, 2023

1199SEIU NATIONAL BENEFIT FUND FOR HOME CARE EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

		2022	2021
Assets:			
Investments, at fair value (note 4)	$	74,813,449	82,217,212
3BF, net (note 9)		7,197,228	7,869,270
Cash and cash equivalents		11,637,630	10,655,633
Receivables:			
Employer's contributions (net of allowance for doubtful accounts of $838,842 and $166,974 for 2022 and 2021, respectively) (notes 2(g), 2(h) and 2(i))		28,687,857	27,981,831
NYS QIVAPP (net of allowance for doubtful accounts of $1,251,509 for 2022 and $0 for 2021, respectively) (note 1(c)(ii))		11,148,772	—
Member Premiums		1,535,157	946,502
Due from pharmacy benefit manager and others (note 2(f))		16,286,148	23,255,469
Accrued investment income		164,637	59,106
Due from related entities		1,238,958	216,551
Total receivables		59,061,529	52,459,459
Prepaid expenses and other assets		—	31,596
Total assets		152,709,836	153,233,170
Liabilities:			
Due to brokers for securities purchased		2,166,973	—
Accounts Payable and Accrued Expenses		1,352,381	1,842,389
Due to related entities		603,911	1,551,043
Total liabilities		4,123,265	3,393,432
Net assets available for benefits	$	148,586,571	149,839,738

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, 2022 and 2021

	2022	2021
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value of investments (note 4)	$ 249,627	1,656,402
Interest and dividends	540,606	125,121
	790,233	1,781,523
Less: investment expenses	48,090	101,199
Net investment income	742,143	1,680,324
Contributions:		
Employers	138,411,599	149,172,935
NYS QIVAPP (note 1(c)(ii))	49,028,431	—
Member premiums	6,583,442	6,061,881
COBRA payments	111,979	103,154
Total contributions	194,135,451	155,337,970
Interest and charges – employer delinquencies	28,374	111,655
Other income	62,778	23,571
Total additions	194,968,746	157,153,520
Deductions from net assets attributable to:		
Benefits paid (note 7)	182,823,637	193,095,910
Administrative expenses	12,127,398	12,303,193
General expenses	1,270,878	1,401,184
Total deductions	196,221,913	206,800,287
Net decrease	(1,253,167)	(49,646,767)
Net assets available for benefits:		
Beginning of year	149,839,738	199,486,505
End of year	$ 148,586,571	149,839,738

See accompanying notes to financial statements.

(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. 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:

(a) they work in a covered job title at a contributing employer;

(b) they have completed and submitted an enrollment form;

(c) they have completed a Plan Election Form agreeing to pay a $5.00 per week co-premium, ($15.00 per week co-premium for members and dependents), and

(d) they worked 100 hours per month for two consecutive calendar months. Participation begins one calendar month later.

Eligibility ends one month after the second consecutive month in which the employees work fewer than 100 hours or after nonpayment of member premiums.

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 into with contributing employers by the Union.

Contributions are based on a single rate per hours worked. Effective with the contribution due on November 30, 2019 to current, the contribution rate for most Home Care Contributing Employers shall be no less than $2.11 per hour on all hours worked, excluding overtime hours worked.

The Trustees approved a resolution to amend the Trust Agreement to modify the definition of Home Care Contributing Employer to include community-based organizations and other non-home care employers which, among other things, provide for the payment of Contributions to the Plan and are categorized as "Non-Home Care Agency Employer". The contribution rate for Non-Home Care Agency Employers shall be no less than $2.96 per hour on all hours worked, excluding overtime hours worked.

Participants in the Fund who meet the Fund's eligibility threshold and have elected individual coverage shall be required to pay a premium of $5 per week in order to receive benefits under the Plan (except that all bargaining unit employees upon whose hours contributions are made, regardless of whether the eligibility threshold is attained and regardless of whether the $5 per week payment is made, shall continue to receive the Wellness and Member Assistance Program benefits). Participants who have elected individual plus non-spouse dependent coverage shall be required to pay a premium of $15 per week to receive benefits under the Plan.

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

The New York State 2022-2023 budget was approved and included funding for the Quality Incentive Vital Access Provider Pool (QIVAPP) which will provide funding for home care workers' health benefits. The Fund recognized $49 million of those funds which was paid to participating employers and passed through to the Fund during 2022. As of December 31, 2022, approximately $11.1 million was receivable. The contributions of QIVAPP to the Fund will be in addition to 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. All participating employers signed the side letter and remitted the funding except for one employer whose funding is $1.2 million.

(d) Liquidity

The Fund has experienced decreases in net assets available for benefits and anticipates low operating cash flows. In June 2023, the Trustees signed a resolution committing to take the necessary actions to address and resolve the funding shortfall. The resolution established a new eligibility class specifically for members that make less than 250% of the federal poverty limit (eligible members). The Fund will coordinate with New York State and expects to move eligible members currently receiving benefits from the Fund into the New York State Essential Plan for the year beginning January 1, 2024. Additionally, the Fund will continue to receive employer contributions on behalf of eligible

members. The Fund is also reliant on the continuation of QIVAPP funding to resolve its funding shortfall.

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Cash

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

(e) Benefits Paid

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

(f) Rebates/Refunds

Rebates and refunds due from the Plan's Prescription Benefit Manager are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as a receivable, with the offset netted against benefits paid. Pharmacy drug rebates and refunds totaling approximately $12.7 million and $13.7 million are included as amounts due from pharmacy benefit manager and netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.

(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 calendar 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, 2022 and 2021, the allowance for doubtful accounts consists of a specific and general reserve. Employer contributions of $838,842 and $166,974, respectively, and QIVAPP of $1,251,509 and $0, respectively.

(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, 2022 and 2021, for all future terminations other than death.

The calculations of the accumulated eligibility credit reserves as of December 31, 2022 and 2021 have been based on assumptions of future plan experience, including:

Discount rates	4.82% for 2022; 2.32% for 2021 (based on AA corporate bond rates)
Mortality	PRI-2012 Blue Collar projected with 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.

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, 2022 and 2021:

	2022	2021
Benefit obligations:		
Amounts currently payable:		
Claims payable, claims incurred but not reported and other benefit obligations*	$ 23,577,534	29,348,754
Post-employment benefit obligations, net of amounts currently payable:		
Accumulated eligibility credits	67,084,000	82,189,000
Total benefit obligations	$ 90,661,534	111,537,754

*As of December 31, 2022 and 2021, claims payable, claims incurred but not reported and other benefit obligations includes reserves related to the Medicaid Reclamation Prescription drug claims in the amount of approximately $938 thousand and $1.6 million, medical claims of approximately $181 thousand and $125 thousand and hospital claims of approximately $118 thousand and $290 thousand, respectively. Such amounts represent management's best estimate but could vary from what is ultimately payable.

Changes in benefit obligations:

	2022	2021
Amounts currently payable:		
Balance at beginning of year	$ 29,348,754	28,224,753
Benefits reported and approved for payment, including benefits reclassified from post-employment benefit obligations	177,052,417	194,219,911
Benefits paid	(182,823,637)	(193,095,910)
Balance at end of year	23,577,534	29,348,754
Post-employment benefit obligations:		
Balance at beginning of year	82,189,000	92,162,000
Net change during year	(15,105,000)	(9,973,000)
Balance at end of year	67,084,000	82,189,000
Total benefit obligations at end of year	$ 90,661,534	111,537,754

The net change in post-employment benefit obligations in 2022 is mainly due to:

- Discount rate increased from 2.32 % to 4.82 %, resulting in a decrease in reserve.
- Healthcare cost was updated to reflect current expectations, resulting in an increase in reserve.
- Healthcare cost trend was updated to reflect current expectations, resulting in a decrease in reserve. The current trend rate is 6.4%, with an ultimate trend rate of 3.7% in 2075.

(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, 2022 and 2021, the net appreciation in fair values, (including from those bought, sold, as well as held during the year) are as follows:

		2022	2021
Short-term investments	$	290,782	18,715
Common collective trusts		—	1,765,557
Government, agencies and other securities		(40,504)	(123,112)
Corporate debt and other fixed income securities		(651)	(4,758)
Total	$	249,627	1,656,402

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, 2022 and 2021:

		2022	2021
United States Notes and T-Bill	$	49,505,460	45,012,853
Federal Farm Bonds		17,418,576	27,180,580
Federal Home Loan Bonds		*	9,584,809

* 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 has the ability to access.

Level 2 – Inputs to the valuation methodology include:

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

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

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

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, 2022 and 2021.

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.

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

Government and government agency securities, *corporate debt and other fixed income 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	2022			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Short-term investments:				
Cash and cash equivalents	$ 2,397,082	—	—	2,397,082
Government bonds	37,532,714	—	—	37,532,714
Notes deposits and commerical paper	—	7,992,034	—	7,992,034
Government and government agency securities	—	26,891,619	—	26,891,619
Total investments	$ 39,929,796	34,883,653	—	74,813,449

	2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Short-term investments:				
Cash and cash equivalents	$ 438,970	—	—	438,970
Government bonds	34,620,970	10,391,883		45,012,853
Government and government agency securities	—	36,765,389	—	36,765,389
Total investments	$ 35,059,940	47,157,272	—	82,217,212

(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, 2022, 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 2019.

(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, 2022 and 2021 consist of the following:

	2022	2021
Net benefits:		
Hospital and health	$ 181,928,527	191,708,470
Life insurance and accidental death	209,659	1,209,730
Scholarship, camp and other	685,451	177,710
	$ 182,823,637	193,095,910

(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 2022 allocations were based on an allocation study that was approved on December 14, 2021 and 2021 allocations were based on allocation study that was approved on November 13, 2019. For the years ended December 31, 2022 and 2021, the amount of administrative expenses allocated to the Fund approximated $10.1 million and $10.2 million, respectively. These amounts include allocated rent of $1.2 million and $1.4 million, for the years ended December 31, 2022 and 2021, 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. The employees of the Fund occupy a portion of the leased space, and accordingly, M2M allocates a portion of the rent expenses to the Fund. 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"). 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, 2022 and December 31, 2021. The Fund's allocated portion of the build out costs is $8.6 million as of December 31, 2022 and 2021, representing approximately 9% of the total costs incurred. NBF and GNYBF each have been allocated the remaining costs. The build out costs started depreciation in 2020 when the assets were placed in service and are being depreciated over the shorter of the lease term or their useful lives. The Fund's 3BF balance has been reduced by the allocated share of accumulated depreciation in the amount of $1.4 million and $0.8 million as of December 31, 2022 and 2021, respectively, for a net amount of $7.2 million and $7.8 million as of December 31, 2022 and 2021, 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, 2022, two groups of employers related among themselves represent approximately 15% and 13% of the Fund's total gross employer contribution receivable. At December 31, 2021, one group of employers related among themselves represented approximately 16% 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 has since been reviewed and temporarily extended to cover through Plan year 2022 due to the shortage of healthcare workers in the State of New York. It remains in effect and subject to regular review.

(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.

		December 31 2022	December 31 2021
Net assets available for benefits per the financial statements	$	148,586,571	149,839,738
Less claims payable, claims incurred but not reported and other benefit obligations		(23,577,534)	(29,348,754)
Net assets available for benefits per Form 5500	$	125,009,037	120,490,984

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

		December 31 2022	December 31 2021
Benefits paid per the financial statements	$	182,823,637	193,095,910
Add claims payable, claims incurred but not reported and other benefit obligations at end of year		23,577,534	29,348,754
Less claims payable, claims incurred but not reported and other benefit obligations at beginning of year		(29,348,754)	(28,224,753)
Benefits paid per Form 5500	$	177,052,417	194,219,911

(13) Subsequent Events

Subsequent to December 31, 2022 and through October 12, 2023, the date the financial statements were available to be issued, management evaluated subsequent events and concluded that there were no additional subsequent events to be disclosed.

1199SEIU National Benefit Fund for Home Care Employees

Schedule H, (Form 5500) – Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

(a) Identity of Party Involved	(b) Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Interest Rate	(c) Par/CV	(d) Cost	(e) Current Value
	Short-term investments					
	FEDERAL FARM CR BK CONS SYSTEMWIDE DISC	1/4/2023	0.00%	$ 2,500,000	$ 2,491,944	$ 2,499,702
	FEDERAL HOME LN BK CONS DISC NTS	3/17/2023	0.00%	1,870,000	1,852,301	1,853,563
	FEDERAL HOME LN BK CONS DISC NTS	4/18/2023	0.00%	2,000,000	1,965,598	1,974,433
	FEDERAL HOME LN BK CONS DISC NTS	6/21/2023	0.00%	1,700,000	1,660,031	1,664,336
*	NORTHERN INSTL FDS	-	0.01%	2,397,082	2,397,082	2,397,082
	UNITED STATES TREAS BILLS	6/15/2023	0.00%	1,475,000	1,441,424	1,445,266
	UNITED STATES TREAS BILLS	6/1/2023	0.00%	3,000,000	2,930,992	2,944,094
	UNITED STATES TREAS BILLS	4/25/2023	0.00%	2,430,000	2,394,456	2,395,957
	UNITED STATES TREAS BILLS	6/8/2023	0.00%	1,820,000	1,777,971	1,784,431
	UNITED STATES TREAS BILLS	1/10/2023	0.00%	3,830,000	3,807,092	3,827,306
	UNITED STATES TREAS BILLS	3/28/2023	0.00%	2,885,000	2,843,377	2,856,677
	UNITED STATES TREAS BILLS	2/2/2023	0.00%	100,000	98,976	99,683
	UNITED STATES TREAS BILLS	1/31/2023	0.00%	7,000,000	6,955,752	6,978,549
	UNITED STATES TREAS BILLS	1/3/2023	0.00%	3,250,000	3,230,384	3,250,000
	UNITED STATES TREAS BILLS	3/14/2023	0.00%	2,000,000	1,971,572	1,983,754
	UNITED STATES TREAS BILLS	5/4/2023	0.00%	1,000,000	977,611	984,906
	UNITED STATES TREAS BILLS	4/4/2023	0.00%	2,500,000	2,463,490	2,473,021
	UNITED STATES TREAS BILLS	5/2/2023	0.00%	2,200,000	2,166,973	2,166,911
	UNITED STATES OF AMER TREAS BILLS	3/9/2023	0.00%	2,000,000	1,978,413	1,984,677
	UNITED STATES OF AMER TREAS BILLS	3/7/2023	0.00%	2,375,000	2,341,513	2,357,482
	Short-term investments total			**48,332,082**	**47,746,952**	**47,921,830**
	Government and government agency securities					
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	6/9/2023	4.62%	1,750,000	1,756,809	1,751,801
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	7/13/2023	4.32%	5,000,000	4,996,962	4,997,347
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	12/8/2023	4.42%	1,000,000	1,001,078	999,853
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	8/22/2023	4.35%	440,000	440,000	440,024
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	11/6/2023	4.44%	2,630,000	2,633,053	2,630,371
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	3/20/2023	4.32%	1,500,000	1,499,721	1,499,877
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	12/27/2023	4.36%	600,000	600,114	599,649
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS	1/26/2023	4.33%	2,000,000	1,999,900	1,999,951
	UNITED STATES OF AMER TREAS NOTES	1/31/2023	4.45%	1,600,000	1,601,181	1,600,324
	UNITED STATES OF AMER TREAS NOTES	7/31/2024	4.44%	1,000,000	999,099	998,829
	UNITED STATES TREAS NTS	4/30/2023	4.43%	3,000,000	3,002,545	3,002,098
	UNITED STATES TREAS NTS	2/28/2023	0.13%	2,200,000	2,178,519	2,185,324
	UNITED STATES TREAS NTS	4/30/2024	4.32%	2,000,000	1,996,647	1,996,149
	UNITED STATES TREAS NTS	1/31/2024	4.61%	2,190,000	2,190,000	2,190,022
	Government and government agency securities total			**26,910,000**	**26,895,628**	**26,891,619**
				75,242,082	**74,642,580**	**74,813,449**

*** 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, 2022

Description of Asset		# of Purchases	Purchase Price	# of Sales	Sale Price	Cost of Asset	Current Value on Transaction Date	Net Gain (loss)
FEDERAL HOME LOAN BANKS 0% DIS NT 12-01-2022	Acquisitions	1	$ 3,499,684	-	$ -	$ 3,499,684	$ 3,499,684	$ -
FEDERAL HOME LOAN BANKS 0% DIS NT 12-01-2022	Dispositions	-	-	1	(3,500,000)	3,499,684	3,500,000	316
FHLB DISC NT 12-30-2022 FEDERAL HOME LN BK CONS DISC NTS	Acquisitions	1	3,490,326	-	-	3,490,326	3,490,326	-
FHLB DISC NT 12-30-2022 FEDERAL HOME LN BK CONS DISC NTS	Dispositions	-	-	2	(3,495,412)	3,490,326	3,495,412	5,086
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 11-29-2022	Acquisitions	1	3,261,394	-	-	3,261,394	3,261,394	-
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 11-29-2022	Dispositions	-	-	2	(3,267,368)	3,261,394	3,267,368	5,974
UNITED STATES OF AMER TREAS BILLS 0.0% T -BILL 11-08-2022	Acquisitions	2	5,547,548	-	-	5,547,548	5,547,548	-
UNITED STATES OF AMER TREAS BILLS 0.0% T -BILL 11-08-2022	Dispositions	-	-	1	(5,550,000)	5,547,548	5,550,000	2,452
UNITED STATES TREAS BILLS 0% TBILL 01-31-2023	Acquisitions	2	6,955,752	-	-	6,955,752	6,955,752	-
UNITED STATES TREAS BILLS 05-10-2022	Acquisitions	1	6,696,678	-	-	6,696,678	6,696,678	-
UNITED STATES TREAS BILLS 05-10-2022	Dispositions	-	-	2	(6,696,678)	6,696,678	6,696,678	-
UNITED STATES TREAS BILLS 08-02-2022 UNITED STATES TREAS BILLS	Acquisitions	1	4,648,598	-	-	4,648,598	4,648,598	-
UNITED STATES TREAS BILLS 08-02-2022 UNITED STATES TREAS BILLS	Dispositions	-	-	1	(4,650,000)	4,648,598	4,650,000	1,402
UNITED STATES TREAS BILLS 10-11-2022 UNITED STATES TREAS BILLS	Acquisitions	3	6,849,463	-	-	6,849,463	6,849,463	-
UNITED STATES TREAS BILLS 10-11-2022 UNITED STATES TREAS BILLS	Dispositions	-	-	2	(6,860,871)	6,849,463	6,860,871	11,408
UNITED STATES TREAS BILLS DTD 0% 09-13-2022	Acquisitions	1	6,300,747	-	-	6,300,747	6,300,747	-
UNITED STATES TREAS BILLS DTD 0% 09-13-2022	Dispositions	-	-	2	(6,323,485)	6,300,747	6,323,485	22,738
UNITED STATES TREAS BILLS DTD 0% TBILL 0 9-27-2022	Acquisitions	1	4,658,968	-	-	4,658,968	4,658,968	-
UNITED STATES TREAS BILLS DTD 0% TBILL 0 9-27-2022	Dispositions	-	-	1	(4,675,000)	4,658,968	4,675,000	16,032
UNITED STATES TREAS BILLS DUE 12-06-2022	Acquisitions	3	13,807,582	-	-	13,807,582	13,807,582	-
UNITED STATES TREAS BILLS DUE 12-06-2022	Dispositions	-	-	1	(13,840,000)	13,807,582	13,840,000	32,418
MFB NORTHERN INSTL FDS GOVT SELECT PORTFOLIO	Acquisitions	80	52,697,515	-	-	52,697,515	52,697,515	-
MFB NORTHERN INSTL FDS GOVT SELECT PORTFOLIO	Dispositions	-	-	36	(50,739,403)	50,739,403	50,739,403	-
FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 3.825% 12-16-2022	Dispositions	-	-	2	(7,199,928)	7,200,000	7,199,928	(72)
UNITED STATES TREAS BILLS 0% 02-02-2023 REG	Acquisitions	1	2,474,406	-	-	2,474,406	2,474,406	-
UNITED STATES TREAS BILLS 0% 02-02-2023 REG	Dispositions	-	-	1	(2,375,430)	2,375,430	2,375,430	-
UNITED STATES TREAS BILLS 0% 03-24-2022 REG	Dispositions	-	-	3	(4,999,203)	4,999,052	4,999,203	151
UNITED STATES TREAS BILLS 01-20-2022 UNITED STATES TREAS BILLS	Dispositions	-	-	2	(10,029,572)	10,027,548	10,029,572	2,023
UNITED STATES TREAS BILLS 06-16-2022	Dispositions	-	-	2	(6,405,787)	6,405,787	6,405,787	-
UNITED STATES TREAS BILLS 07-26-2022	Acquisitions	1	4,630,982	-	-	4,630,982	4,630,982	-
UNITED STATES TREAS BILLS 07-26-2022	Dispositions	-	-	1	(4,635,000)	4,630,982	4,635,000	4,018
UNITED STATES TREAS BILLS 12-08-2022 UNITED STATES TREAS BILLS	Acquisitions	1	3,998,790	-	-	3,998,790	3,998,790	-
UNITED STATES TREAS BILLS 12-08-2022 UNITED STATES TREAS BILLS	Dispositions	-	-	2	(3,999,921)	3,998,790	3,999,921	1,132
UTD STATES TREAS 1.5% DUE 01-31-2022	Acquisitions	1	8,273,606	-	-	8,273,606	8,273,606	-
UTD STATES TREAS 1.5% DUE 01-31-2022	Dispositions	-	-	2	(8,270,234)	8,273,606	8,270,234	(3,372)
FED FARM CR BK 0% DUE 10-06-2022	Dispositions	-	-	2	(5,986,190)	5,991,600	5,986,190	(5,410)

See accompanying independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) ____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here . . . . . ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
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)
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

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.

SIGN HERE	DRey	10 / 16 / 2023	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 (2022)**
v. 220413

2A6704 1.000

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	21576
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)**	21576
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	19931
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**	19931
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	19931
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	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)
- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules
- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules
- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [X] 2 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____