

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 804 PENSION FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/29/1964
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 LOCAL 804 PENSION FUND 44 S. BAYLES AVENUE, SUITE 302 PORT WASHINGTON, NY 11050-3765
2b Employer Identification Number (EIN) 11-6077200
2c Plan Sponsor's telephone number 718-786-5410
2d Business code (see instructions) 484110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	253
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	142
	<b>6c</b>	88
	<b>6d</b>	230
	<b>6e</b>	18
	<b>6f</b>	248
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>LOCAL 804 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF LOCAL 804 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-6077200</b>	

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

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

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

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

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

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

**SEGAL SELECT INSURANCE SERVICES**

**46-0619194**

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

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

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

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

STACEY BRAUN ASSOCIATES INC

13-2889432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	ADVISOR FOR RELATED PLANS	66362	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY, INC.

13-1835864

(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	ACTUARY FOR RELATED PLANS	50033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR FOR RELATED PLANS	21000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COMPREHENSIVE HEALTHCARE SYSTEMS IN

47-4496373

(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	IT SERVICE FOR REL'D PLAN	14685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	RELATED TO INVESTMENT MGR	5931	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LOCAL 804 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF LOCAL 804 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-6077200</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	400714	274752
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	78643	85777
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	122225	395527
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3737002	4577814
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	481801	664131
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3260938	3070104
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	7810933	8589422
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	15892256	17657527
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	35589	46579
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		19368
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	35589	65947
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15856667	17591580

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	14166	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	108075	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	88047	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		210288
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	84001	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		84001
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	6923220	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	5294136	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		1629084
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	872950	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2796323

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	798500	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		798500
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	21000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	66362	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	5931	
(7) Actuarial fees .....	<b>2i(7)</b>	50033	
(8) Legal fees .....	<b>2i(8)</b>	3575	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	116009	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		262910
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1061410

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1734913
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**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 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561956.

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

<b>A</b> Name of plan <b>LOCAL 804 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF LOCAL 804 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-6077200</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 0

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	247
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	251
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	258

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	0.98
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	0.96

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

# Local 804 Pension Fund

Financial Report  
December 31, 2024



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## Independent Auditor's Report

Board of Trustees  
Local 804 Pension Fund

### *Opinion*

We have audited the financial statements of Local 804 Pension Fund (the Plan), 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 (in liquidation) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the Plan's the net assets available for benefits (in liquidation) as of December 31, 2024 and 2023, and the changes in its net assets available for benefits (in liquidation) for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

### *Basis for Opinion*

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

### *Emphasis of Matter - Basis of Accounting*

As discussed in Note 1 to the financial statements, the Plan submitted notice to the Pension Benefit Guaranty Corporation that the last contributing employer of the Plan withdrew on October 31, 2015, which constitutes a termination of the Plan by mass withdrawal of every contributing employer to the Plan. As a result, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis of accounting used in presenting periods subsequent to October 31, 2015. Our opinion is not modified with respect to that matter.

### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

### ***Supplementary Information Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements, but certain supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Board of Trustees  
Local 804 Pension Fund

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

*Weaver and Tidwell, L.L.P.*

WEAVER AND TIDWELL, L.L.P.

New York, New York  
September 25, 2025

## Local 804 Pension Fund

### Statements of Net Assets Available for Benefits (In Liquidation)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 4,577,814	\$ 3,737,002
Corporate bonds and notes	3,734,235	3,742,739
Common stocks	8,589,422	7,810,933
Money market fund	395,527	122,225
Total investments	<u>17,296,998</u>	<u>15,412,899</u>
Receivables		
Interest and dividends	61,296	49,159
Due from Local 804 Welfare Trust Fund	-	2,196
Total receivables	<u>61,296</u>	<u>51,355</u>
Cash	274,752	400,714
Prepaid expenses	24,481	27,288
Total assets	<u>17,657,527</u>	<u>15,892,256</u>
<b>LIABILITIES</b>		
Accounts payable	46,579	35,589
Due to Local 804 Welfare Trust Fund	19,368	-
Total liabilities	<u>65,947</u>	<u>35,589</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 17,591,580</u>	<u>\$ 15,856,667</u>

The Notes to Financial Statements  
are an integral part of these statements.

## Local 804 Pension Fund

### Statements of Changes in Net Assets Available for Benefits (In Liquidation) Years Ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net appreciation in fair value of investments	\$ 2,502,034	\$ 1,925,775
Interest	210,288	187,053
Dividends	84,001	82,027
	2,796,323	2,194,855
Less investment expenses	72,293	64,282
Net investment income	2,724,030	2,130,573
Total additions	2,724,030	2,130,573
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to participants	798,500	779,966
Administrative expenses	190,617	191,937
	989,117	971,903
Net increase (decrease)	1,734,913	1,158,670
<b>NET ASSETS AVAILABLE FOR BENEFITS, beginning of year</b>	15,856,667	14,697,997
<b>NET ASSETS AVAILABLE FOR BENEFITS, end of year</b>	\$ 17,591,580	\$ 15,856,667

# Local 804 Pension Fund

## Notes to Financial Statements

### Note 1. Description of the Plan

The following brief description of the Local 804 Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan rules and regulations for more complete information.

#### General

The Plan is a multiemployer defined benefit pension plan established on June 9, 1964 under an Agreement and Declaration of Trust, as amended, among Delivery and Warehouse Employees, Local 804, an affiliate of International Brotherhood of Teamsters (the "Union"), and various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan submitted notice to the Pension Benefit Guaranty Corporation that the last contributing employer of the Plan withdrew on October 31, 2015, which constitutes a termination of the Plan by mass withdrawal of every contributing employer to the Plan. The Plan will remain in existence as long as necessary to pay existing accrued benefits to participants.

As the Plan was terminated on October 31, 2015 by mass withdrawal, no additional employer contribution was made in 2016. In order to pay for the Plan's unfunded vested benefits, an initial withdrawal liability was calculated and assessed against the last remaining contributing employer in 2015. In 2016, the second component of mass withdrawal liability (a.k.a. "reallocation liability") was calculated and assessed against the former contributing employer. In 2017, the liability was settled between the Plan and employer, resulting in a lump sum payment. No future contributions will be made to the Plan.

#### Pension Benefits

The Plan provides eligible participants who meet certain requirements as to age and years of service, with the following types of benefits, as applicable:

Benefits	Requirements	
	Age	Service
Regular pension:	62	10 Pension Credits or at least 5 Pension Credits, including one earned after December 31, 2001.
Early retirement pension:	55	10 Pension Credits.

# Local 804 Pension Fund

## Notes to Financial Statements

### **Note 2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements are prepared using the liquidation basis of accounting.

#### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

#### **Investment Valuation and Income Recognition**

Investments are reported 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 5 for discussion of fair value measurements.

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

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Administrative Expenses**

All administrative fees are paid by the Plan.

#### **Plan Management's Review of Subsequent Events**

The Plan has evaluated subsequent events through September 25, 2025, the date the financial statements were available to be issued.

# Local 804 Pension Fund

## Notes to Financial Statements

### Note 3. Actuarial Present Value of Non-forfeitable Benefits

Non-forfeitable benefits include all benefits in pay status as of December 31, 2023, and for future retirees, all vested pension benefits accrued as of October 31, 2015 (date of plan termination) payable at the earliest eligible retirement age.

As of December 31, 2023, as a result of the termination of the Plan due to mass withdrawal in October 2015, the actuary calculated the Plan's actuarial present value of non-forfeitable benefits under the liquidation basis of accounting.

The present value of non-forfeitable benefits at December 31, 2023 was as follows:

Non-retired participants	\$	4,006,710
Pensioners (including beneficiaries)		7,915,950
Administrative expense loading		148,023
		148,023
Total non-forfeitable benefits	\$	12,070,683

Changes in present value of non-forfeitable benefits

Actuarial present value of non-forfeitable benefits as of December 31, 2022	\$	13,685,701
Increase (decrease) during the year attributable to		
Net experience (gain)/loss, changes in data		(46,943)
Change in expense loading		2,049
Benefits paid		(779,966)
Changes in actuarial assumptions		(1,307,424)
Interest		517,266
		517,266
Net decrease		(1,615,018)
Actuarial present value of non-forfeitable benefit as of December 31, 2023	\$	12,070,683

The change in the present value of non-forfeitable benefits from December 31, 2022 to December 31, 2023 is attributable to the following:

- The interest rates were changed from a rate of 3.9% for the first 20 years and an ultimate rate of 3.65% to a rate of 5.06% for the first 20 years and a rate of 4.37% thereafter.
- The mortality tables for healthy and disabled participants were revised in accordance with PBGC regulations.

# Local 804 Pension Fund

## Notes to Financial Statements

The significant actuarial assumptions used in the valuation as of December 31, 2023, are as follows:

Interest Rate: 5.06% for 20 years following valuation date and 4.37% thereafter.

Expense: \$10,000, plus \$200 per vested participant, plus the excess of the vested benefit liability over \$200,000, multiplied by  $(.01 + (i - .075) \div 10)$ , where "i" is the interest rate for the initial period above.

Mortality Rates: Rates published by the PBGC for December 31, 2023 under ERISA Section 4044 for healthy and disabled lives.

### Sample Healthy Rates (%)

Age	Male	Female
45	0.10	0.06
55	0.23	0.18
65	0.90	0.76
75	2.31	1.78
85	7.95	5.76
95	23.23	18.52

### Sample Disabled Rates (%)

Age	Male	Female
55	5.31	3.26
65	6.37	4.43
75	8.89	6.26
85	13.33	10.94
95	23.41	21.7

# Local 804 Pension Fund

## Notes to Financial Statements

Retirement Age:	Age 55, if at least 10 pension credits, otherwise age 62 or 65, if last worked prior to 1994 (earliest age per ERISA Section 4281.12(b)).
Administrative Expenses:	For solvency projection, the annual administration expense assumption is \$200,000 payable monthly, for the year beginning January 1, 2024, increasing by 2% per year thereafter.  The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Benefit Election:	Married participants are assumed to elect the 50% joint and survivor annuity and non-married participants are assumed to elect the single life annuity form of payment per ERISA Section 4281.
Percent Married:	Social security awards during 1972.
Age of Spouse:	Females are assumed to be three years younger than males, if actual age is unknown.
Exclusion of Inactive Vested Participants:	Non-retired participants over age 70 are excluded from the valuation.

Based on the foregoing actuarial assumptions, it is anticipated that the Plan's assets will be sufficient to pay benefits through the year ending December 31, 2055.

### Pension Protection Act of 2006

The Plan's actuary has advised that after the last Employer's withdrawal and resulting plan termination by mass withdrawal, the Plan is not required to prepare and file an annual actuarial certification for the plan year beginning January 1, 2016, and going forward, pursuant to the Pension Protection Act of 2006 ("PPA") and the changes in the law made by the Multiemployer Pension Reform Act of 2014 ("MEPRA"). The Plan was determined to be in critical status for the plan year beginning January 1, 2015, because a projected funding standard account deficiency was expected within one year. In an effort to improve the Plan's funding, the board of trustees adopted a rehabilitation plan that was designed to enable the Plan to emerge from critical status by December 31, 2026. In addition to contribution increases, the benefits of inactive vested participants would be determined based on a default schedule effective January 1, 2011. The following plan changes were adopted with the rehabilitation plan effective January 1, 2012:

- Revision of early retirement benefit reduction factors to be based on the actuarial equivalent of the benefit payable at normal retirement age.
- Elimination of the post-retirement 36-month guarantee death benefit.
- Actuarial reduction of the 50% joint and survivor and 75% joint and survivor forms of benefit, reflecting the elimination of the 36-month guarantee.

# Local 804 Pension Fund

## Notes to Financial Statements

### Note 4. Plan Termination

The Plan submitted notice to the Pension Benefit Guaranty Corporation that the last contributing employer of the Plan withdrew on October 31, 2015, which constitutes a termination of the Plan by mass withdrawal of every contributing employer to the Plan. The Plan will remain in existence as long as necessary to pay existing accrued benefits to participants.

### Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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; and
- 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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities. U.S. treasuries are reported at fair value as determined by quoted market prices in active markets.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

## Local 804 Pension Fund

### Notes to Financial Statements

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds: Valued using the NAV of the fund shares.

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

	2024	2023
Level 1:		
U.S. government and governmental agencies obligations	\$ 4,557,510	\$ 3,714,627
Common stocks	8,589,422	7,810,933
Money Market funds	395,527	122,225
	13,542,459	11,647,785
Level 2:		
U.S. government and governmental agencies obligations	20,304	22,375
Corporate bonds and notes	3,734,235	3,742,739
	3,754,539	3,765,114
Investments at fair value	\$ 17,296,998	\$ 15,412,899

#### Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits (in liquidation).

The actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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.

# Local 804 Pension Fund

## Notes to Financial Statements

### **Note 7. Tax Status**

The Plan obtained its latest determination letter on December 16, 2015, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **Note 8. Related-Party and Party-in-Interest Transactions**

Certain Plan investments are held by Amalgamated Bank, the custodian for the Plan. Segal provides actuarial and related services for the Plan. As described in Note 2, the Plan pays expenses related to plan operations and investment activity to various services providers. These transactions are party-in-interest transactions under ERISA.

The Plan operates in a jointly administered office with other related employee benefit plans. Payroll and overhead expenses common to all plans are apportioned among such entities. Direct charges are made for expenses when applicable. Administrative expenses allocated to the Plan amounted to \$64,479 and \$47,342 for the years ended December 31, 2024 and 2023, respectively. The amounts due (to) from related party are \$(19,368) and \$2,196 for the years ended December 31, 2024 and 2023, respectively.

## **Supplementary Information**

**Local 804 Pension Fund**  
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)  
Plan No.: 001, E.I.N.: 11-6077200  
December 31, 2024

(a)	(b)	(c)				(d)	(e)		
		Description of Investment							
	Identity of issue	Description	Interest rate	Maturity date	Collateral	Principal or shares	Cost	Fair value	
	<b>U.S. government and governmental agencies obligations:</b>								
	U.S. Treasury Notes	Fixed Income	0.500	03/31/25		425,000	\$ 418,492	\$ 421,218	
	U.S. Treasury Notes	Fixed Income	5.030	04/17/25		450,000	429,630	444,542	
	U.S. Treasury Notes	Fixed Income	2.125	05/15/25		150,000	148,022	148,830	
	U.S. Treasury Notes	Fixed Income	1.625	02/15/26		200,000	193,878	194,280	
	U.S. Treasury Notes	Fixed Income	3.860	09/04/25		100,000	96,456	97,235	
	U.S. Treasury Notes	Fixed Income	4.125	06/15/26		200,000	199,563	199,660	
	U.S. Treasury Notes	Fixed Income	1.500	08/15/26		200,000	190,508	191,460	
	U.S. Treasury Notes	Fixed Income	0.875	09/30/26		450,000	442,547	424,665	
	U.S. Treasury Notes	Fixed Income	4.375	12/15/26		150,000	150,003	150,345	
	U.S. Treasury Notes	Fixed Income	2.250	08/15/27		100,000	98,725	95,050	
	U.S. Treasury Notes	Fixed Income	3.750	08/15/27		150,000	149,698	148,095	
	U.S. Treasury Notes	Fixed Income	2.250	11/15/27		100,000	97,925	94,550	
	U.S. Treasury Notes	Fixed Income	4.000	02/29/28		400,000	400,888	396,360	
	U.S. Treasury Notes	Fixed Income	4.125	07/31/28		325,000	332,956	322,758	
	U.S. Treasury Notes	Fixed Income	1.625	08/15/29		200,000	197,438	177,500	
	U.S. Treasury Notes	Fixed Income	4.000	10/31/29		400,000	397,688	393,280	
	U.S. Treasury Notes	Fixed Income	0.625	05/15/30		150,000	148,175	123,033	
	U.S. Treasury Notes	Fixed Income	4.250	05/15/39		200,000	196,938	189,700	
	U.S. Treasury Bonds	Fixed Income	4.750	02/15/37		15,000	18,964	15,213	
	U.S. Treasury Bonds	Fixed Income	4.375	02/15/38		150,000	164,915	145,890	
	U.S. Treasury Bonds	Fixed Income	3.875	08/15/40		35,000	46,163	31,497	
	U.S. Treasury Bonds	Fixed Income	2.750	08/15/42		85,000	83,469	63,861	
	U.S. Treasury Bonds	Fixed Income	2.750	11/15/42		15,000	14,954	11,206	
	U.S. Treasury Bonds	Fixed Income	2.875	05/15/43		10,000	9,934	7,574	
	U.S. Treasury Bonds	Fixed Income	3.000	11/15/44		10,000	10,894	7,589	
	U.S. Treasury Bonds	Fixed Income	2.500	02/15/44		65,000	60,769	45,097	
	U.S. Treasury Bonds	Fixed Income	2.500	05/15/46		25,000	24,720	17,022	
	Government National Mortgage Assn. 569215	Fixed Income	6.000	03/15/32		92	92	95	
	Government National Mortgage Assn. 579667	Fixed Income	6.000	03/15/32		177	176	183	
	Government National Mortgage Assn. 581144	Fixed Income	6.000	03/15/32		384	383	391	
	Government National Mortgage Assn. 581154	Fixed Income	6.000	03/15/32		182	181	185	
	Government National Mortgage Assn. 569278	Fixed Income	6.000	04/15/32		22	21	22	
	Government National Mortgage Assn. 567619	Fixed Income	6.000	04/15/32		245	241	248	
	Government National Mortgage Assn. 587074	Fixed Income	6.000	05/15/32		407	402	424	
	Government National Mortgage Assn. 587111	Fixed Income	6.000	06/15/32		764	759	797	
	Government National Mortgage Assn. 587112	Fixed Income	6.000	06/15/32		180	179	187	
	Government National Mortgage Assn. 582413	Fixed Income	6.000	11/15/32		159	163	164	
	Government National Mortgage Assn. 574671	Fixed Income	5.000	04/15/34		177	179	177	
	Government National Mortgage Assn. 583003	Fixed Income	5.000	06/15/34		551	543	555	
	Government National Mortgage Assn. 627354	Fixed Income	5.000	06/15/34		432	431	431	
	Government National Mortgage Assn. 510402	Fixed Income	4.500	01/15/35		131	129	130	
	Government National Mortgage Assn. 643362	Fixed Income	5.000	10/15/35		243	234	242	
	Government National Mortgage Assn. 644772	Fixed Income	5.000	10/15/35		574	565	564	
	Government National Mortgage Assn. 604654	Fixed Income	6.000	01/15/36		185	189	191	
	Government National Mortgage Assn. 650726	Fixed Income	5.000	01/15/36		520	516	516	
	Government National Mortgage Assn. 389164	Fixed Income	5.500	10/15/37		12,792	12,705	12,910	
	Government National Mortgage Assn. 675374	Fixed Income	5.000	05/15/38		404	401	398	
	Government National Mortgage Assn. 690852	Fixed Income	5.000	06/15/38		212	207	211	
	Government National Mortgage Assn. 782363	Fixed Income	5.500	07/15/38		260	272	264	
	Government National Mortgage Assn. 700950	Fixed Income	5.500	11/15/38		143	150	146	
	Government National Mortgage Assn. 692304	Fixed Income	5.000	01/15/39		426	443	420	
	Government National Mortgage Assn. 754058	Fixed Income	4.500	06/15/41		469	500	453	
	Total U.S. government and governmental agencies obligations							4,744,373	4,577,814

## Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Corporate bonds and notes and debentures:</b>							
Northern Trust Corp.	Fixed income	10/30/2025	3.950	N/A	25,000	24,588	24,850
PPG Inds Inc.	Fixed income	3/15/2026	1.200	N/A	250,000	250,100	239,450
Lowe's Inc.	Fixed income	4/15/2026	2.500	N/A	125,000	123,606	121,775
Commonwealth Edison Co.	Fixed income	6/15/2026	2.550	N/A	125,000	123,080	121,413
General Dynamics Corp.	Fixed income	8/15/2026	2.125	N/A	125,000	119,420	120,488
Verizon Communications	Fixed income	8/15/2026	2.625	N/A	100,000	99,783	97,010
Air Lease Corp.	Fixed income	1/15/2027	2.200	N/A	150,000	144,298	142,395
Comcast Corp.	Fixed income	1/15/2027	2.350	N/A	125,000	125,033	119,500
Parker-Hannifin Corp.	Fixed income	3/1/2027	3.250	N/A	100,000	97,740	97,130
Caterpillar Finl Service	Fixed income	9/14/2027	1.100	N/A	150,000	152,300	137,655
Waste Management Inc.	Fixed income	11/15/2027	3.150	N/A	150,000	170,487	144,300
Teledyne Technologies Inc.	Fixed income	4/1/2028	2.250	N/A	150,000	151,160	138,090
3M Company	Fixed income	8/26/2029	2.375	N/A	125,000	124,531	112,175
Walt Disney Company	Fixed income	9/1/2029	2.000	N/A	125,000	122,477	111,150
Texas Instruments Inc.	Fixed income	9/4/2029	2.250	N/A	125,000	123,795	112,288
Apple Inc.	Fixed income	9/11/2029	2.200	N/A	100,000	99,200	89,800
Alexandria Real Estate Equities	Fixed income	12/15/2029	2.750	N/A	125,000	123,781	111,811
Amphenol Corp.	Fixed income	2/15/2030	2.800	N/A	125,000	121,769	113,050
Avalonbay Communities	Fixed income	3/1/2030	2.300	N/A	150,000	160,662	131,985
Starbucks Corp.	Fixed income	3/12/2030	2.250	N/A	125,000	127,394	109,575
Martin Marietta Material	Fixed income	3/15/2030	2.500	N/A	300,000	308,149	265,410
Coca-Cola Co.	Fixed income	3/25/2030	3.450	N/A	125,000	118,488	117,925
Zoetis Inc.	Fixed income	5/15/2030	2.000	N/A	200,000	207,812	172,120
Intercontinental Exchange	Fixed income	6/15/2030	2.100	N/A	100,000	102,670	86,630
Juniper Networks Inc.	Fixed income	12/10/2030	2.000	N/A	200,000	198,563	167,120
Alexandria Real Estate Equities	Fixed income	5/18/2032	2.000	N/A	150,000	142,364	119,565
Applied Materials Inc.	Fixed income	10/1/2035	5.100	N/A	150,000	150,435	150,000
Bank of America	Fixed income	10/15/2036	6.000	N/A	250,000	260,413	259,575
						4,074,098	3,734,235

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Common stocks:</b>							
3M CO.	Equity	N/A	N/A	N/A	700	79,320	90,363
Alphabet Inc. - Class A	Equity	N/A	N/A	N/A	900	73,403	170,370
Alphabet Inc. - Class C	Equity	N/A	N/A	N/A	775	15,576	147,590
Amazon Com Inc.	Equity	N/A	N/A	N/A	1,840	194,299	403,678
Ameren Corp.	Equity	N/A	N/A	N/A	100	7,677	8,914
American Express Co.	Equity	N/A	N/A	N/A	425	79,416	126,136
Amgen Inc.	Equity	N/A	N/A	N/A	150	42,581	39,096
Apple Inc.	Equity	N/A	N/A	N/A	2,250	153,750	557,185
Applovin Corp Class A	Equity	N/A	N/A	N/A	275	13,159	89,053
Arch Capital Group LTD	Equity	N/A	N/A	N/A	775	51,067	71,571
Arista Networks Inc.	Equity	N/A	N/A	N/A	775	24,674	85,661
Autozone Inc Com	Equity	N/A	N/A	N/A	26	65,704	83,252
Bank of America Corp.	Equity	N/A	N/A	N/A	2,050	62,805	90,098
Bellring Brandds Inc.	Equity	N/A	N/A	N/A	1,450	85,450	109,243
Berkshire Hathaway Inc.	Equity	N/A	N/A	N/A	285	71,599	129,185
Blackrock Inc.	Equity	N/A	N/A	N/A	80	50,095	82,009
Boston Scientific Corp.	Equity	N/A	N/A	N/A	1,050	74,106	93,786
Bristol Myers Squibb Co.	Equity	N/A	N/A	N/A	1,300	75,563	73,528
Broadcom Inc.	Equity	N/A	N/A	N/A	750	76,565	173,880
Caterpillar Tractor Co.	Equity	N/A	N/A	N/A	175	60,445	63,483
Celsius Holdings Inc.	Equity	N/A	N/A	N/A	1,600	61,517	42,144
Chart Industries Inc.	Equity	N/A	N/A	N/A	275	54,468	52,481
Coca Cola Co.	Equity	N/A	N/A	N/A	600	39,150	37,356
Colgate Palmolive Co.	Equity	N/A	N/A	N/A	625	61,096	56,819
Conocophillips	Equity	N/A	N/A	N/A	475	30,292	47,106
Corcept Therapeutics	Equity	N/A	N/A	N/A	1,000	52,464	50,390
Costco Wholesale Corp.	Equity	N/A	N/A	N/A	145	64,868	132,859
Danaher Corp.	Equity	N/A	N/A	N/A	350	59,289	80,343
Draftking inc. CL A	Equity	N/A	N/A	N/A	975	41,103	36,270
Dycom Inds Inc.	Equity	N/A	N/A	N/A	275	54,223	47,867
Eaton Corp.	Equity	N/A	N/A	N/A	205	58,997	68,033
Eli Lilly & Co.	Equity	N/A	N/A	N/A	170	38,572	131,240
Encompass Health Corp.	Equity	N/A	N/A	N/A	100	10,196	9,235
Entergy Corp.	Equity	N/A	N/A	N/A	1,325	69,013	100,462
Evercore Inc. Class A	Equity	N/A	N/A	N/A	350	64,262	97,017
Exxon Mobil Corp.	Equity	N/A	N/A	N/A	1,125	76,479	121,016
Ge Healthcare Technologies Inc.	Equity	N/A	N/A	N/A	600	49,420	46,908
GE Vernova Inc.	Equity	N/A	N/A	N/A	175	24,853	57,563
Howmet Aerospace Inc.	Equity	N/A	N/A	N/A	800	31,165	87,496
Itron Inc.	Equity	N/A	N/A	N/A	650	42,568	70,577
JPMorgan Chase	Equity	N/A	N/A	N/A	570	42,144	136,635
Lam Research Corp.	Equity	N/A	N/A	N/A	1,100	46,331	79,453
Leidos Holdings Inc.	Equity	N/A	N/A	N/A	625	70,293	90,038
Liberty Media Corp. Del Com LBTY One S C	Equity	N/A	N/A	N/A	1,350	98,907	125,091
Life Time Group	Equity	N/A	N/A	N/A	3,800	78,747	84,056
Linde PLC SHS	Equity	N/A	N/A	N/A	100	39,397	41,867
Manhattan Associates Inc.	Equity	N/A	N/A	N/A	350	51,906	94,584
Marriott Intl Inc. CL A	Equity	N/A	N/A	N/A	200	35,273	55,788
Marvell Technology	Equity	N/A	N/A	N/A	800	59,478	88,360
Mastercard Inc.	Equity	N/A	N/A	N/A	245	54,563	129,010
Mckesson Corp.	Equity	N/A	N/A	N/A	70	17,911	39,894
Meta Platforms Inc. Class A	Equity	N/A	N/A	N/A	465	144,397	272,262
Micron Technology, Inc.	Equity	N/A	N/A	N/A	775	56,683	65,224
Microsoft Corp.	Equity	N/A	N/A	N/A	1,140	182,876	480,510
Nasdaq Inc.	Equity	N/A	N/A	N/A	1,300	70,550	100,503
New York Times	Equity	N/A	N/A	N/A	200	10,990	10,410
Nucor Corporation	Equity	N/A	N/A	N/A	460	25,086	53,687
Nvidia Corp.	Equity	N/A	N/A	N/A	3,900	82,164	523,731
Onto Innovation Inc.	Equity	N/A	N/A	N/A	375	79,706	62,501

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Common stocks - continued:</b>							
Palo Alto Networks, Inc.	Equity	N/A	N/A	N/A	560	74,352	101,898
Post Holdings Inc.	Equity	N/A	N/A	N/A	650	74,324	74,399
Procter & Gamble Co.	Equity	N/A	N/A	N/A	250	25,272	41,913
Quanta Services Inc.	Equity	N/A	N/A	N/A	225	23,734	71,111
Regeneron Pharmaceuticals	Equity	N/A	N/A	N/A	80	46,639	56,986
Sarepta Therapeutics Inc.	Equity	N/A	N/A	N/A	350	45,850	42,557
Servicenow Inc.	Equity	N/A	N/A	N/A	100	47,579	106,012
Sharkninja Inc.	Equity	N/A	N/A	N/A	350	36,880	34,076
T-Mobile US Inc.	Equity	N/A	N/A	N/A	550	75,067	121,402
TG Therapeutics Inc.	Equity	N/A	N/A	N/A	1,600	52,819	48,160
TJX Companies Ins.	Equity	N/A	N/A	N/A	950	88,850	114,760
Target Resources	Equity	N/A	N/A	N/A	500	83,227	89,250
Teck Resources LTD	Equity	N/A	N/A	N/A	1,500	63,006	60,795
Texas Roadhouse Inc.	Equity	N/A	N/A	N/A	450	45,397	81,194
The Home Depot Inc.	Equity	N/A	N/A	N/A	150	36,224	58,349
The Trade Desk Inc.	Equity	N/A	N/A	N/A	950	67,133	111,654
Thermo Fisher Scientific Inc.	Equity	N/A	N/A	N/A	125	63,995	65,029
Travelers Companies Inc.	Equity	N/A	N/A	N/A	400	73,259	96,356
Unitedhealth Group Inc.	Equity	N/A	N/A	N/A	55	18,239	27,822
VICI Properties Inc.	Equity	N/A	N/A	N/A	2,275	76,142	66,453
Verra Mobility Corp.	Equity	N/A	N/A	N/A	2,400	66,522	58,032
Vertex Pharmaceuticals Inc.	Equity	N/A	N/A	N/A	145	46,468	58,392
Vertiv Holding Co.	Equity	N/A	N/A	N/A	750	29,972	85,208
WEC Energy Group Inc.	Equity	N/A	N/A	N/A	1,050	85,312	98,742
Wells Fargo & Co.	Equity	N/A	N/A	N/A	1,350	75,313	94,824
Welltower Inc.	Equity	N/A	N/A	N/A	1,025	104,571	129,181
Total common stocks						5,114,797	8,589,422

## Local 804 Pension Fund

Schedule H, Line 4(i) Schedule of Assets (Held at End of Year) – Continued  
 Plan No.: 001, E.I.N.: 11-6077200  
 December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Money market fund:</b>							
Amalgamated Bank SEI							
Dreyfus Treasury and Agency Cash Management	Money market fund	Demand	Various	N/A	395,527	395,527	395,527
<b>Total investments</b>						<b>\$ 14,328,795</b>	<b>\$ 17,296,998</b>

# Local 804 Pension Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(b) Description of Assets	(c) Purchase price	(d) Selling price	(g) Cost of assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<b>Series of Transactions Exceeding</b>					
<b>5% of Plan Assets</b>					
Dreyfus Treasury & Agency Cash Mgmt	\$ 3,008,032	\$ -	\$ 3,008,032	\$ 3,008,032	\$ -
Dreyfus Treasury & Agency Cash Mgmt	-	2,734,887	2,734,887	2,734,887	-

**Local 804 Pension Fund**  
Schedules of Administrative Expenses  
December 31, 2024

	<b>2024</b>	<b>2023</b>
<b>ADMINISTRATIVE EXPENSES</b>		
Allocated administrative expenses	\$ 64,479	\$ 47,342
Actuarial	50,033	52,241
Auditing	21,000	21,000
Legal	3,575	15,501
Insurance	24,677	24,377
Pension Benefit Guaranty Corporation premiums	9,361	8,995
Computer expenses	14,685	16,020
Office expenses	2,807	6,461
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 190,617</b>	<b>\$ 191,937</b>

**Local 804 Pension Fund**  
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)  
Plan No.: 001, E.I.N.: 11-6077200  
December 31, 2024

(a)	(b)	(c)				(d)	(e)		
		Description of Investment							
	Identity of issue	Description	Interest rate	Maturity date	Collateral	Principal or shares	Cost	Fair value	
	<b>U.S. government and governmental agencies obligations:</b>								
	U.S. Treasury Notes	Fixed Income	0.500	03/31/25		425,000	\$ 418,492	\$ 421,218	
	U.S. Treasury Notes	Fixed Income	5.030	04/17/25		450,000	429,630	444,542	
	U.S. Treasury Notes	Fixed Income	2.125	05/15/25		150,000	148,022	148,830	
	U.S. Treasury Notes	Fixed Income	1.625	02/15/26		200,000	193,878	194,280	
	U.S. Treasury Notes	Fixed Income	3.860	09/04/25		100,000	96,456	97,235	
	U.S. Treasury Notes	Fixed Income	4.125	06/15/26		200,000	199,563	199,660	
	U.S. Treasury Notes	Fixed Income	1.500	08/15/26		200,000	190,508	191,460	
	U.S. Treasury Notes	Fixed Income	0.875	09/30/26		450,000	442,547	424,665	
	U.S. Treasury Notes	Fixed Income	4.375	12/15/26		150,000	150,003	150,345	
	U.S. Treasury Notes	Fixed Income	2.250	08/15/27		100,000	98,725	95,050	
	U.S. Treasury Notes	Fixed Income	3.750	08/15/27		150,000	149,698	148,095	
	U.S. Treasury Notes	Fixed Income	2.250	11/15/27		100,000	97,925	94,550	
	U.S. Treasury Notes	Fixed Income	4.000	02/29/28		400,000	400,888	396,360	
	U.S. Treasury Notes	Fixed Income	4.125	07/31/28		325,000	332,956	322,758	
	U.S. Treasury Notes	Fixed Income	1.625	08/15/29		200,000	197,438	177,500	
	U.S. Treasury Notes	Fixed Income	4.000	10/31/29		400,000	397,688	393,280	
	U.S. Treasury Notes	Fixed Income	0.625	05/15/30		150,000	148,175	123,033	
	U.S. Treasury Notes	Fixed Income	4.250	05/15/39		200,000	196,938	189,700	
	U.S. Treasury Bonds	Fixed Income	4.750	02/15/37		15,000	18,964	15,213	
	U.S. Treasury Bonds	Fixed Income	4.375	02/15/38		150,000	164,915	145,890	
	U.S. Treasury Bonds	Fixed Income	3.875	08/15/40		35,000	46,163	31,497	
	U.S. Treasury Bonds	Fixed Income	2.750	08/15/42		85,000	83,469	63,861	
	U.S. Treasury Bonds	Fixed Income	2.750	11/15/42		15,000	14,954	11,206	
	U.S. Treasury Bonds	Fixed Income	2.875	05/15/43		10,000	9,934	7,574	
	U.S. Treasury Bonds	Fixed Income	3.000	11/15/44		10,000	10,894	7,589	
	U.S. Treasury Bonds	Fixed Income	2.500	02/15/44		65,000	60,769	45,097	
	U.S. Treasury Bonds	Fixed Income	2.500	05/15/46		25,000	24,720	17,022	
	Government National Mortgage Assn. 569215	Fixed Income	6.000	03/15/32		92	92	95	
	Government National Mortgage Assn. 579667	Fixed Income	6.000	03/15/32		177	176	183	
	Government National Mortgage Assn. 581144	Fixed Income	6.000	03/15/32		384	383	391	
	Government National Mortgage Assn. 581154	Fixed Income	6.000	03/15/32		182	181	185	
	Government National Mortgage Assn. 569278	Fixed Income	6.000	04/15/32		22	21	22	
	Government National Mortgage Assn. 567619	Fixed Income	6.000	04/15/32		245	241	248	
	Government National Mortgage Assn. 587074	Fixed Income	6.000	05/15/32		407	402	424	
	Government National Mortgage Assn. 587111	Fixed Income	6.000	06/15/32		764	759	797	
	Government National Mortgage Assn. 587112	Fixed Income	6.000	06/15/32		180	179	187	
	Government National Mortgage Assn. 582413	Fixed Income	6.000	11/15/32		159	163	164	
	Government National Mortgage Assn. 574671	Fixed Income	5.000	04/15/34		177	179	177	
	Government National Mortgage Assn. 583003	Fixed Income	5.000	06/15/34		551	543	555	
	Government National Mortgage Assn. 627354	Fixed Income	5.000	06/15/34		432	431	431	
	Government National Mortgage Assn. 510402	Fixed Income	4.500	01/15/35		131	129	130	
	Government National Mortgage Assn. 643362	Fixed Income	5.000	10/15/35		243	234	242	
	Government National Mortgage Assn. 644772	Fixed Income	5.000	10/15/35		574	565	564	
	Government National Mortgage Assn. 604654	Fixed Income	6.000	01/15/36		185	189	191	
	Government National Mortgage Assn. 650726	Fixed Income	5.000	01/15/36		520	516	516	
	Government National Mortgage Assn. 389164	Fixed Income	5.500	10/15/37		12,792	12,705	12,910	
	Government National Mortgage Assn. 675374	Fixed Income	5.000	05/15/38		404	401	398	
	Government National Mortgage Assn. 690852	Fixed Income	5.000	06/15/38		212	207	211	
	Government National Mortgage Assn. 782363	Fixed Income	5.500	07/15/38		260	272	264	
	Government National Mortgage Assn. 700950	Fixed Income	5.500	11/15/38		143	150	146	
	Government National Mortgage Assn. 692304	Fixed Income	5.000	01/15/39		426	443	420	
	Government National Mortgage Assn. 754058	Fixed Income	4.500	06/15/41		469	500	453	
	Total U.S. government and governmental agencies obligations							4,744,373	4,577,814

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
	<b>Corporate bonds and notes and debentures:</b>							
	Northern Trust Corp.	Fixed income	10/30/2025	3.950	N/A	25,000	24,588	24,850
	PPG Inds Inc.	Fixed income	3/15/2026	1.200	N/A	250,000	250,100	239,450
	Lowe's Inc.	Fixed income	4/15/2026	2.500	N/A	125,000	123,606	121,775
	Commonwealth Edison Co.	Fixed income	6/15/2026	2.550	N/A	125,000	123,080	121,413
	General Dynamics Corp.	Fixed income	8/15/2026	2.125	N/A	125,000	119,420	120,488
	Verizon Communications	Fixed income	8/15/2026	2.625	N/A	100,000	99,783	97,010
	Air Lease Corp.	Fixed income	1/15/2027	2.200	N/A	150,000	144,298	142,395
	Comcast Corp.	Fixed income	1/15/2027	2.350	N/A	125,000	125,033	119,500
	Parker-Hannifin Corp.	Fixed income	3/1/2027	3.250	N/A	100,000	97,740	97,130
	Caterpillar Finl Service	Fixed income	9/14/2027	1.100	N/A	150,000	152,300	137,655
	Waste Management Inc.	Fixed income	11/15/2027	3.150	N/A	150,000	170,487	144,300
	Teledyne Technologies Inc.	Fixed income	4/1/2028	2.250	N/A	150,000	151,160	138,090
	3M Company	Fixed income	8/26/2029	2.375	N/A	125,000	124,531	112,175
	Walt Disney Company	Fixed income	9/1/2029	2.000	N/A	125,000	122,477	111,150
	Texas Instruments Inc.	Fixed income	9/4/2029	2.250	N/A	125,000	123,795	112,288
	Apple Inc.	Fixed income	9/11/2029	2.200	N/A	100,000	99,200	89,800
	Alexandria Real Estate Equities	Fixed income	12/15/2029	2.750	N/A	125,000	123,781	111,811
	Amphenol Corp.	Fixed income	2/15/2030	2.800	N/A	125,000	121,769	113,050
	Avalonbay Communities	Fixed income	3/1/2030	2.300	N/A	150,000	160,662	131,985
	Starbucks Corp.	Fixed income	3/12/2030	2.250	N/A	125,000	127,394	109,575
	Martin Marietta Material	Fixed income	3/15/2030	2.500	N/A	300,000	308,149	265,410
	Coca-Cola Co.	Fixed income	3/25/2030	3.450	N/A	125,000	118,488	117,925
	Zoetis Inc.	Fixed income	5/15/2030	2.000	N/A	200,000	207,812	172,120
	Intercontinental Exchange	Fixed income	6/15/2030	2.100	N/A	100,000	102,670	86,630
	Juniper Networks Inc.	Fixed income	12/10/2030	2.000	N/A	200,000	198,563	167,120
	Alexandria Real Estate Equities	Fixed income	5/18/2032	2.000	N/A	150,000	142,364	119,565
	Applied Materials Inc.	Fixed income	10/1/2035	5.100	N/A	150,000	150,435	150,000
	Bank of America	Fixed income	10/15/2036	6.000	N/A	250,000	260,413	259,575
							4,074,098	3,734,235

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Common stocks:</b>							
3M CO.	Equity	N/A	N/A	N/A	700	79,320	90,363
Alphabet Inc. - Class A	Equity	N/A	N/A	N/A	900	73,403	170,370
Alphabet Inc. - Class C	Equity	N/A	N/A	N/A	775	15,576	147,590
Amazon Com Inc.	Equity	N/A	N/A	N/A	1,840	194,299	403,678
Ameren Corp.	Equity	N/A	N/A	N/A	100	7,677	8,914
American Express Co.	Equity	N/A	N/A	N/A	425	79,416	126,136
Amgen Inc.	Equity	N/A	N/A	N/A	150	42,581	39,096
Apple Inc.	Equity	N/A	N/A	N/A	2,250	153,750	557,185
Applovin Corp Class A	Equity	N/A	N/A	N/A	275	13,159	89,053
Arch Capital Group LTD	Equity	N/A	N/A	N/A	775	51,067	71,571
Arista Networks Inc.	Equity	N/A	N/A	N/A	775	24,674	85,661
Autozone Inc Com	Equity	N/A	N/A	N/A	26	65,704	83,252
Bank of America Corp.	Equity	N/A	N/A	N/A	2,050	62,805	90,098
Bellring Brandds Inc.	Equity	N/A	N/A	N/A	1,450	85,450	109,243
Berkshire Hathaway Inc.	Equity	N/A	N/A	N/A	285	71,599	129,185
Blackrock Inc.	Equity	N/A	N/A	N/A	80	50,095	82,009
Boston Scientific Corp.	Equity	N/A	N/A	N/A	1,050	74,106	93,786
Bristol Myers Squibb Co.	Equity	N/A	N/A	N/A	1,300	75,563	73,528
Broadcom Inc.	Equity	N/A	N/A	N/A	750	76,565	173,880
Caterpillar Tractor Co.	Equity	N/A	N/A	N/A	175	60,445	63,483
Celsius Holdings Inc.	Equity	N/A	N/A	N/A	1,600	61,517	42,144
Chart Industries Inc.	Equity	N/A	N/A	N/A	275	54,468	52,481
Coca Cola Co.	Equity	N/A	N/A	N/A	600	39,150	37,356
Colgate Palmolive Co.	Equity	N/A	N/A	N/A	625	61,096	56,819
Conocophillips	Equity	N/A	N/A	N/A	475	30,292	47,106
Corcept Therapeutics	Equity	N/A	N/A	N/A	1,000	52,464	50,390
Costco Wholesale Corp.	Equity	N/A	N/A	N/A	145	64,868	132,859
Danaher Corp.	Equity	N/A	N/A	N/A	350	59,289	80,343
Draftking inc. CL A	Equity	N/A	N/A	N/A	975	41,103	36,270
Dycom Inds Inc.	Equity	N/A	N/A	N/A	275	54,223	47,867
Eaton Corp.	Equity	N/A	N/A	N/A	205	58,997	68,033
Eli Lilly & Co.	Equity	N/A	N/A	N/A	170	38,572	131,240
Encompass Health Corp.	Equity	N/A	N/A	N/A	100	10,196	9,235
Entergy Corp.	Equity	N/A	N/A	N/A	1,325	69,013	100,462
Evercore Inc. Class A	Equity	N/A	N/A	N/A	350	64,262	97,017
Exxon Mobil Corp.	Equity	N/A	N/A	N/A	1,125	76,479	121,016
Ge Healthcare Technologies Inc.	Equity	N/A	N/A	N/A	600	49,420	46,908
GE Vernova Inc.	Equity	N/A	N/A	N/A	175	24,853	57,563
Howmet Aerospace Inc.	Equity	N/A	N/A	N/A	800	31,165	87,496
Itron Inc.	Equity	N/A	N/A	N/A	650	42,568	70,577
JPMorgan Chase	Equity	N/A	N/A	N/A	570	42,144	136,635
Lam Research Corp.	Equity	N/A	N/A	N/A	1,100	46,331	79,453
Leidos Holdings Inc.	Equity	N/A	N/A	N/A	625	70,293	90,038
Liberty Media Corp. Del Com LBTY One S C	Equity	N/A	N/A	N/A	1,350	98,907	125,091
Life Time Group	Equity	N/A	N/A	N/A	3,800	78,747	84,056
Linde PLC SHS	Equity	N/A	N/A	N/A	100	39,397	41,867
Manhattan Associates Inc.	Equity	N/A	N/A	N/A	350	51,906	94,584
Marriott Intl Inc. CL A	Equity	N/A	N/A	N/A	200	35,273	55,788
Marvell Technology	Equity	N/A	N/A	N/A	800	59,478	88,360
Mastercard Inc.	Equity	N/A	N/A	N/A	245	54,563	129,010
Mckesson Corp.	Equity	N/A	N/A	N/A	70	17,911	39,894
Meta Platforms Inc. Class A	Equity	N/A	N/A	N/A	465	144,397	272,262
Micron Technology, Inc.	Equity	N/A	N/A	N/A	775	56,683	65,224
Microsoft Corp.	Equity	N/A	N/A	N/A	1,140	182,876	480,510
Nasdaq Inc.	Equity	N/A	N/A	N/A	1,300	70,550	100,503
New York Times	Equity	N/A	N/A	N/A	200	10,990	10,410
Nucor Corporation	Equity	N/A	N/A	N/A	460	25,086	53,687
Nvidia Corp.	Equity	N/A	N/A	N/A	3,900	82,164	523,731
Onto Innovation Inc.	Equity	N/A	N/A	N/A	375	79,706	62,501

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Common stocks - continued:</b>							
Palo Alto Networks, Inc.	Equity	N/A	N/A	N/A	560	74,352	101,898
Post Holdings Inc.	Equity	N/A	N/A	N/A	650	74,324	74,399
Procter & Gamble Co.	Equity	N/A	N/A	N/A	250	25,272	41,913
Quanta Services Inc.	Equity	N/A	N/A	N/A	225	23,734	71,111
Regeneron Pharmaceuticals	Equity	N/A	N/A	N/A	80	46,639	56,986
Sarepta Therapeutics Inc.	Equity	N/A	N/A	N/A	350	45,850	42,557
Servicenow Inc.	Equity	N/A	N/A	N/A	100	47,579	106,012
Sharkinja Inc.	Equity	N/A	N/A	N/A	350	36,880	34,076
T-Mobile US Inc.	Equity	N/A	N/A	N/A	550	75,067	121,402
TG Therapeutics Inc.	Equity	N/A	N/A	N/A	1,600	52,819	48,160
TJX Companies Ins.	Equity	N/A	N/A	N/A	950	88,850	114,760
Target Resources	Equity	N/A	N/A	N/A	500	83,227	89,250
Teck Resources LTD	Equity	N/A	N/A	N/A	1,500	63,006	60,795
Texas Roadhouse Inc.	Equity	N/A	N/A	N/A	450	45,397	81,194
The Home Depot Inc.	Equity	N/A	N/A	N/A	150	36,224	58,349
The Trade Desk Inc.	Equity	N/A	N/A	N/A	950	67,133	111,654
Thermo Fisher Scientific Inc.	Equity	N/A	N/A	N/A	125	63,995	65,029
Travelers Companies Inc.	Equity	N/A	N/A	N/A	400	73,259	96,356
Unitedhealth Group Inc.	Equity	N/A	N/A	N/A	55	18,239	27,822
VICI Properties Inc.	Equity	N/A	N/A	N/A	2,275	76,142	66,453
Verra Mobility Corp.	Equity	N/A	N/A	N/A	2,400	66,522	58,032
Vertex Pharmaceuticals Inc.	Equity	N/A	N/A	N/A	145	46,468	58,392
Vertiv Holding Co.	Equity	N/A	N/A	N/A	750	29,972	85,208
WEC Energy Group Inc.	Equity	N/A	N/A	N/A	1,050	85,312	98,742
Wells Fargo & Co.	Equity	N/A	N/A	N/A	1,350	75,313	94,824
Welltower Inc.	Equity	N/A	N/A	N/A	1,025	104,571	129,181
Total common stocks						5,114,797	8,589,422

# Local 804 Pension Fund

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

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Money market fund:</b>							
Amalgamated Bank SEI							
Dreyfus Treasury and Agency Cash Management	Money market fund	Demand	Various	N/A	395,527	395,527	395,527
<b>Total investments</b>						<b>\$ 14,328,795</b>	<b>\$ 17,296,998</b>

## Electronic Filing Authorization

Name of Plan: Local 804 Pension Fund

EIN: 11-6077200; PN: 001

Plan Year Ending: December 31, 2024

### Authorization of Practitioner to Electronically Sign and File

I hereby authorize Weaver and Tidwell, L.L.P. ("Weaver") to electronically sign and file the following returns/reports:

2024 Form 5500

I understand that in granting this authority that:

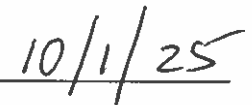
- Weaver will retain a copy of this written authorization in its records;
- Weaver will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding these annual returns/reports; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the Form 5500 posted by the Department of Labor on the Internet for public disclosure.
- Weaver shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing(s) for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: \_\_\_\_\_



Date: \_\_\_\_\_



The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> - enter all requested information	
<p><b>1a</b> Name of plan <b>LOCAL 804 PENSION FUND</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>001</b></p> <p><b>1c</b> Effective date of plan <b>07/29/1964</b></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>BOARD OF TRUSTEES OF LOCAL 804 PENSION FUND</b></p> <p><b>44 S. BAYLES AVENUE, SUITE 302</b></p> <p><b>PORT WASHINGTON NY 11050-3765</b></p>	<p><b>2b</b> Employer Identification Number (EIN) <b>11-6077200</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>718-786-5410</b></p> <p><b>2d</b> Business code (see instructions) <b>484110</b></p>

**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		10/1/25	ROCCO DIPAOLO
	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

# Local 804 Pension Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan No.: 001, E.I.N.: 11-6077200

December 31, 2024

(b) Description of Assets	(c) Purchase price	(d) Selling price	(g) Cost of assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<b>Series of Transactions Exceeding</b>					
<b>5% of Plan Assets</b>					
Dreyfus Treasury & Agency Cash Mgmt	\$ 3,008,032	\$ -	\$ 3,008,032	\$ 3,008,032	\$ -
Dreyfus Treasury & Agency Cash Mgmt	-	2,734,887	2,734,887	2,734,887	-