

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA</u></p> <p><u>2484 SENECA STREET</u> <u>BUFFALO, NY 14210</u></p>	<p>1c Effective date of plan <u>01/01/1954</u></p> <p>2b Employer Identification Number (EIN) <u>16-1437656</u></p> <p>2c Plan Sponsor's telephone number <u>716-821-7919</u></p> <p>2d Business code (see instructions) <u>238300</u></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	Filed with authorized/valid electronic signature.	10/10/2025	ARTHUR FADELEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	CHRIS SWEDA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	68
	6a(2)	68
	6b	0
	6c	67
	6d	135
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	14

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA</p>	<p>D Employer Identification Number (EIN) 16-1437656</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
COMPANION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1595128	62243	G000AJQI	71	01/01/2024	01/01/2025

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">1001</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

PAUL ROBILLARD & ASSOC INC. **4536 MAIN ST STE 100**
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
640		AGENT OR BROKER OF RECORD	3

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

7789 OSWEGO ROAD LLC **7789 OSWEGO RD**
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
361		AGENT OR BROKER OF RECORD	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	10014
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA</p>	<p>D Employer Identification Number (EIN) 16-1437656</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF OMAHA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0246511	71412	G000AJQI	71	01/01/2024	01/01/2025

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

(a) Total amount of commissions paid 107	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PAUL ROBILLARD & ASSOC INC. 4536 MAIN ST STE 100 AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68		AGENT OR BROKER OF RECORD	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
7789 OSWEGO ROAD LLC 7789 OSWEGO RD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39		AGENT OR BROKER OF RECORD	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1060
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA</p>	<p>D Employer Identification Number (EIN) 16-1437656</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNIVERA HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0329043	55107	00323410	68	01/01/2024	01/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	454
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA</p>	<p>D Employer Identification Number (EIN) 16-1437656</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNIVERA HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0329043	55107	00130621	68	02/01/2023	01/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1183356
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA	D Employer Identification Number (EIN) 16-1437656

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

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1105741	55204	282388	46	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	56954
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA	D Employer Identification Number (EIN) 16-1437656	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

JOHN FADELEY

16-6023926

(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?
30	EMPLOYEE	60596	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)

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28901	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)

BLITMAN & KING LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	22468	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)

USI CG

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 4 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCA	D Employer Identification Number (EIN) 16-1437656

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	276897	177131
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	126676	209450
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	110311	204485
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5421	7233
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	927480	935144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	913	
f Total assets (add all amounts in lines 1a through 1e).....	1f	1447698	1533443
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	6435	3091
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	56868	53538
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	63303	56629
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1384395	1476814

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1626709	
(B) Participants.....	2a(1)(B)	78431	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1705140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	51804	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		51804
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4140
c Other income	2c		996
d Total income. Add all income amounts in column (b) and enter total	2d		1753800

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	98902	
(2) To insurance carriers for the provision of benefits	2e(2)	1350521	
(3) Other	2e(3)	27510	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1476933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	84442	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28901	
(5) Investment advisory and investment management fees	2i(5)	4000	
(6) Bank or trust company trustee/custodial fees	2i(6)	1244	
(7) Actuarial fees	2i(7)	5000	
(8) Legal fees	2i(8)	22468	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38393	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		184448
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1661381

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		92419
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARCARA LENDA EUSANIO & STACEY CPAS**

(2) EIN: **47-1793720**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**Heat and Frost Insulators and Allied Workers
Local No. 4 Welfare Fund**

Financial Statements

For the Years Ended December 31, 2024 and 2023

**Heat and Frost Insulators and Allied Workers
Local No. 4 Welfare Fund**

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Independent Auditor's Report

To the Board of Trustees
Heat and Frost Insulators and Allied Workers
Local No. 4 Welfare Fund

Opinion

We have audited the accompanying financial statements of the Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and the benefit obligations of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and the changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Funds ability to continue as a going concern for one year after the date the financial statements 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expense, employer contributions, and assets held at end of year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The schedule of assets held at end of year is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplemental 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 generally accepted auditing standards.

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

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

Arcara Lenda Eusanio + Stacey, CPAs, P.C.

Williamsville, New York
October 9, 2025

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

	2024			2023		
	Group Insurance Program	Industry Training Program	Total	Group Insurance Program	Industry Training Program	Total
Assets						
Investments, at Fair Value	\$ 942,377	\$ -	\$ 942,377	\$ 932,901	\$ -	\$ 932,901
Receivables						
Employer Contributions	197,998	11,452	209,450	120,510	6,166	126,676
Due from Related Parties	901	48	949	9,283	961	10,244
COBRA Subsidy	52,106	-	52,106	52,105	-	52,105
Cash, Non Interest Bearing	91,042	86,089	177,131	194,391	82,506	276,897
Property and Equipment						
Training Equipment	-	31,818	31,818	-	31,818	31,818
Less Accumulated Depreciation	-	(31,818)	(31,818)	-	(30,905)	(30,905)
	-	-	-	-	913	913
Prepaid Expenses	122,546	-	122,546	-	-	-
Right of Use Asset	11,423	17,461	28,884	18,968	28,994	47,962
Total Assets	1,418,393	115,050	1,533,443	1,328,158	119,540	1,447,698
Liabilities						
Payables						
Accounts Payable	3,091	-	3,091	6,435	-	6,435
Reciprocals Payable	13,344	-	13,344	-	-	-
Due to Related Parties	-	4,077	4,077	-	3,485	3,485
Due to Broker	7,233	-	7,233	5,421	-	5,421
Lease Liability	11,423	17,461	28,884	18,968	28,994	47,962
Total Liabilities	35,091	21,538	56,629	30,824	32,479	63,303
Net Assets Available for Benefits	\$ 1,383,302	\$ 93,512	\$ 1,476,814	\$ 1,297,334	\$ 87,061	\$ 1,384,395

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

	2024			2023		
	Group Insurance Program	Industry Training Program	Total	Group Insurance Program	Industry Training Program	Total
Additions to Net Assets						
Investment Income						
Dividends	\$ 51,804	\$ -	\$ 51,804	\$ 31,796	\$ -	\$ 31,796
Net Appreciation (Depreciation) in Fair Value of Investments	(4,140)	-	(4,140)	46,906	-	46,906
	47,664	-	47,664	78,702	-	78,702
Less Investment Service Fees	(4,000)	-	(4,000)	(3,300)	-	(3,300)
	43,664	-	43,664	75,402	-	75,402
Contributions						
Employer	1,535,119	91,590	1,626,709	1,186,903	71,247	1,258,150
Member Self-Pay	78,431	-	78,431	97,301	-	97,301
Other Income	943	53	996	9,004	2,199	11,203
Total Additions	1,658,157	91,643	1,749,800	1,368,610	73,446	1,442,056
Deductions from Net Assets						
Benefit Costs						
Health and Life Insurance Premiums	1,350,521	-	1,350,521	1,247,859	-	1,247,859
Medical Reimbursement Plan	98,902	-	98,902	116,015	-	116,015
Classroom Rent and Supplies	-	26,062	26,062	-	25,681	25,681
Training and Certification	-	1,448	1,448	-	2,340	2,340
	1,449,423	27,510	1,476,933	1,363,874	28,021	1,391,895
Administrative Expense	122,766	57,682	180,448	134,758	54,266	189,024
Total Deductions	1,572,189	85,192	1,657,381	1,498,632	82,287	1,580,919
Increase (Decrease) in Net Assets	85,968	6,451	92,419	(130,022)	(8,841)	(138,863)
Net Assets Available for Benefits						
Beginning of Year	1,297,334	87,061	1,384,395	1,427,356	95,902	1,523,258
End of Year	\$ 1,383,302	\$ 93,512	\$ 1,476,814	\$ 1,297,334	\$ 87,061	\$ 1,384,395

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Statements of Plan's Benefit Obligations As of December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants	\$ -	\$ -
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Accumulated Eligibility Credits	105,000	106,000
Postretirement Benefit Obligations		
Current Retirees	371,980	376,396
Other Participants Fully Eligible for Benefits	130,934	83,931
Other Participants Not Yet Fully Eligible for Benefits	126,347	107,102
	629,261	567,429
Plan's Total Benefit Obligations, End of Year	\$ 734,261	\$ 673,429

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Statements of Changes in Plan's Benefit Obligations For the Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants		
Balance, Beginning of Year	\$ -	\$ -
Claims Reported and Approved for Payment	1,449,423	1,363,874
Claims Paid	(1,449,423)	(1,363,874)
<hr/>		
Balance, End of Year	-	-
<hr/>		
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Balance, Beginning of Year	106,000	104,000
Net Changes During the Period		
Accumulated Eligibility Credits	(1,000)	2,000
<hr/>		
Balance, End of Year	105,000	106,000
<hr/>		
Postretirement Benefit Obligations		
Actuarial Accrued Liability of Health Benefits, Beginning of Year	567,429	771,266
Increase (Decrease) During Year Attributable to:		
Benefits Earned	(18,606)	(44,932)
Interest	38,078	52,088
Benefits Paid	(46,926)	(54,297)
Changes in Assumptions	89,286	(156,696)
<hr/>		
Net Increase (Decrease)	61,832	(203,837)
<hr/>		
Actuarial Accrued Liability of Health Benefits, End of Year	629,261	567,429
<hr/>		
Plan's Total Benefit Obligations, End of Year	\$ 734,261	\$ 673,429

**Heat and Frost Insulators and Allied Workers
Local No. 4 Welfare Fund**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 1 - Description of the Plan

The following brief description of the Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund (the “Fund”) provides only general information. Participants should refer to the Plan agreement for a more complete description of Plan provisions.

General

The Fund was formed in 1954, in accordance with an agreement between the Buffalo Asbestos Contractors-Employers Association of Buffalo, New York (the “Association”) and Local No. 4 of the International Association of Heat and Frost Insulators and Allied Workers of Buffalo, New York (the “Union”).

The Fund provides primarily health care, disability, and life insurance benefits to eligible members of the Union. The Fund is a defined benefit multiemployer health and welfare plan subject to the provisions of the Employee Retirement Security Act of 1974 (“ERISA”). The Fund is administered by a Joint Board of Trustees consisting of members appointed by both the Association and the Union. An investment consultant provides investment advisory and consulting services to the Fund.

Eligibility

All present full-time members and new members become eligible for benefits on the first day of the policy month next following a period of three or less consecutive policy months during which they have worked at least 300 hours with one or more contributing employers.

Funding Policy

Contributions to the Plan are provided primarily by employers in the insulation industry located in the Western New York area and are based on an hourly rate for hours worked in covered employment under the collective bargaining agreement.

Employer contributions reported in the statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are stated net of \$17,223 and \$8,852 paid or payable to other funds under reciprocal agreements, respectively.

Contributions which apply to the current year that are received in the following year are reported as contributions receivable.

The Group Insurance Program also allows for self-payments by members not covered by employer contributions to retain eligibility for benefits and by retirees for certain dependent coverages.

Termination of Insurance

A member’s insurance will be terminated on the last day of any quarter in which a member has failed to work at least 300 hours with one or more contributing employers.

The Fund allows for a banking of hours worked in excess of 350 in a calendar quarter. Such hours may be used within 12 months of the quarter in which the hours were banked to bring the member’s total hours in a quarter up to 300 to retain eligibility for benefits.

Note 1 (Continued)**Benefits**Insured

The plan of benefits provided by the Fund covers eligible members (see above) and their dependents. Certain of the benefits are funded through group insurance contracts with Univera Healthcare and Mutual of Omaha Insurance Co. These benefits include hospitalization, major medical, accidental death and dismemberment, life, and dependent life insurance. Prior to February 1, 2023, the Fund utilized Community Blue and Highmark Blue Cross & Blue Shield of Western New York, Inc. as their primary major medical insurance provider.

Self-Insured

The Fund maintains a benefit plan meeting the requirements of self-insured medical reimbursement plans under Section 105(h) of the Internal Revenue Code. Under the plan, each eligible active participant may, at the discretion of the Trustees, receive a credit(s) which may be drawn on to reimburse out-of-pocket medical, dental or vision expenses. Credits, if any, are generally granted as of January 1 and/or July 1. To be eligible for such credits, a participant (other than those who self-pay) must have been eligible for coverage under the Fund's Group Insurance Program for the four consecutive calendar quarters ending September 30, for credits granted the following January 1 and ending March 31, for credits granted the following July 1. The Trustees authorized a credit of \$1,000 to each eligible participant on January 1, 2023. A credit of \$750 per eligible participant was authorized on July 1, 2023, as well as January 1 and July 1 of 2024.

In addition, on January 1 and July 1, in both 2024 and 2023, the Trustees granted a credit of \$400 per month for those participants who had other medical insurance contracts available and opted out of the Fund's group medical insurance program for the previous six months.

Total net assets of the Fund allocated to individual participants under this plan as of December 31, 2024 and 2023, are summarized as follows:

	2024	2023
Credits Granted to Individual Eligible Participants	\$ 99,000	\$ 125,300
Claims Paid	(98,902)	(116,015)
Adjustments and Other Account Activity	(3,713)	-
Increase (Decrease) in Unexpended Balances	(3,615)	9,285
Unexpended Balances		
Beginning of Year	745,534	736,249
End of Year	\$ 741,919	\$ 745,534

The unexpended balance represents a portion of the Fund's net assets which are allocated to individual participants, and may be expended in future years, accumulated, or, under certain defined conditions, forfeited. Each participant's individual account is a "health reimbursement account."

As of January 1, 2025, the Trustees authorized a \$750 credit to each eligible participant and an opt-out credit of \$400 per month for the period July 1, 2024 through December 31, 2024. Such credits totaled \$50,400.

Note 1 (Continued)

Retiree-Only HRA Plan

The Board of Trustees of the Fund maintains a Plan of Benefits under the Welfare Fund for a “Retiree-Only HRA Plan.” A participant in the Welfare Fund becomes a participant in the Retiree-Only HRA Plan upon retirement from covered employment provided the participant has a remaining balance in his or her “active” health reimbursement account. The Retiree-Only HRA Plan provides individual health reimbursement accounts for participants and their eligible dependents. Expenses reimbursed from the Retiree-Only HRA Plan are expenses for “medical care” as defined in Section 213(d) of the Internal Revenue Code (IRC) or expenses with regard to which reimbursement is excludable from gross income under Section 105(b) of the IRC. At December 31, 2024 and 2023, the Retiree-Only portion of the unexpended balance noted above totaled \$119,323 and \$121,084, respectively.

Disability Benefit

The Fund provides a disability benefit to all eligible members. Those eligible for benefits receive \$125 per week for up to 52 weeks. Also see Note 7.

Postretirement Medical

The Fund provides a postretirement medical benefit of up to \$150 per month toward the cost of each eligible retiree’s health insurance. To be eligible for this benefit, the retiree must have been eligible for health insurance at the time of retirement because of active employment and enrolled in one of the Fund’s insurance programs for the period the benefit is due. For 2024 and 2023, the cost to the Fund of providing this benefit totaled \$46,926 and \$54,297, respectively.

Industry Training

The Fund also provides an Industry Training Program, which covers both apprentice and journeyman training and re-training.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, benefit obligations, and changes therein, and disclosures of contingent assets and liabilities. 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 a discussion of fair value measurement.

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

Note 2 (Continued)

Employer Contributions Receivable

Employer contributions receivable are accrued based primarily on analysis of subsequent employer reports and remittances.

Leases

The Fund recognizes lease commitments in accordance with Accounting Standards Codification 842, *Leases* (“ASC 842”). As such, a “right-of-use” asset and lease liability is recognized on the statement of net assets available for benefits for all material long-term leases.

Property and Equipment

Property and equipment are stated at cost. Depreciation is computed on the straight-line method over the estimated useful lives of the assets which range from 5 to 10 years. For 2024 and 2023, depreciation expense amounted to \$913 and \$930, respectively.

Subsequent Events

The Fund has evaluated subsequent events through October 9, 2025, the date these financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

Note 3 - Benefit Obligation

Accumulated Eligibility Credits

Benefit obligations arising from accumulated eligibility credits are determined in accordance with the Fund’s current eligibility rules of the Group Insurance Program. The calculation of eligibility credits is determined based upon a provision that allows members to bank hours worked that exceed 350 in a calendar quarter which can be used to retain eligibility for insurance coverage through the Fund once a member fails to work the required hours to maintain coverage. Included in the Plan’s benefit obligation calculation is an estimate of the future usage of the hours bank based on the average usage by members over the past ten calendar years.

Also see Note 1, Termination of Insurance.

Postretirement Benefit Obligation

The postretirement benefit obligation of the Fund is determined by the Fund’s actuary. The accrued liability is calculated on an Entry Age Normal basis. The accrued liability is the present value of future retiree health insurance credits minus the present value of future normal costs as of the valuation date. Benefits are assumed to accrue (accumulate) in accordance with the Fund provisions. The actuarial accrued liability of the retiree health insurance credits (\$629,261 and \$567,429 at December 31, 2024 and 2023, respectively) is calculated using the same assumptions for funding purposes.

The significant actuarial assumptions used in the determination of the postretirement benefit obligation at December 31, 2024 and 2023, are as follows:

Note 3 (Continued)**Actuarial Assumptions**

Mortality	Healthy Lives: Pri 2012 set forward 2 years, with Blue Collar Adjustment MP2021/Fully Generational. Disabled Lives: Pri 2012 set forward 2 years with Disabled Adjustment MP2021/Fully Generational.		
Retirement Age	55 to 59	-	5%
	60	-	10%
	61	-	20%
	62 to 64	-	50%
	65+	-	100%
Investment Return	FTSE Yield Curve – 5.43% (7% was assumed for the 2023 valuation)		
Utilization	60% of all participants retiring from active service will elect coverage in a medical plan billed through the Fund office.		
Disability	Table Based on Age:		
	<u>Age</u>	<u>Male</u>	<u>Female</u>
	25	0.189%	0.117%
	40	0.498%	0.462%
	55	2.270%	1.800%
Termination	<u>Years of Service</u>	<u>Rate</u>	
	< 2	8%	
	2	6%	
	3	4%	
	4+	2%	

Note 4 - Termination of Plan

It is the present intention of the Trustees to continue the Plan indefinitely. If the obligation of the employers to make payments shall terminate or upon the liquidation of the Trust Fund, the Trustees shall apply the Trust Fund:

- (1) To pay or provide for payments of all reasonable and necessary expenses of collecting employer payments and administering the affairs of the Trust;
- (2) To fund the unexpended balances of members' 105(h) accounts (see Note 1, Self-Insured Benefits);
- (3) To pay or provide payment of premiums on group insurance policies covering all the employees of employers who are represented by the Union for collective bargaining, and such members of their families and dependents as the Trustees may designate;
- (4) To provide, at the discretion of the Trustees, for rendition of medical, surgical and hospital care and for direct payment of benefits to beneficiaries hereunder; and for any balance which cannot be so applied;
- (5) To such other purposes as in the opinion of the Trustees will best execute the purpose of the Trust.

Note 5 - Fair Value Measurement

ASC 820, *Fair Value Measurement*, establishes a 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under 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 Fund can access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; 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.

The 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.

Cash, Interest Bearing: Valued at cost, which approximates fair value.

Mutual Funds: Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Fund are deemed to be activity traded.

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

Note 5 (Continued)

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

Investments, at Fair Value	Level 1	Level 2	Level 3	Total
Cash, Interest Bearing	\$ -	\$ 7,233	\$ -	\$ 7,233
Mutual Funds	935,144	-	-	935,144
Total Investments, at Fair Value	\$ 935,144	\$ 7,233	\$ -	\$ 942,377

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

Investments, at Fair Value	Level 1	Level 2	Level 3	Total
Cash, Interest Bearing	\$ -	\$ 5,421	\$ -	\$ 5,421
Mutual Funds	927,480	-	-	927,480
Total Investments, at Fair Value	\$ 927,480	\$ 5,421	\$ -	\$ 932,901

Note 6 - Risks, Uncertainties, and Concentrations

Investment Risk and Uncertainties

The Fund invests in various investment securities, which 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 change could materially affect amounts reported in the statements of the net assets available for benefit.

Concentrations of Credit Risk

In 2024 and 2023, approximately 53% and 48%, respectively, of employer contributions came from two employers.

The Fund's cash deposits are with high quality financial institutions and at times exceeds the federally insured limit.

Note 7 - Transactions with Related Parties

Shared Costs

As part of an administrative services and expense sharing agreement, the Fund shares the costs of operating its administrative office with its affiliated Local Union, Heat and Frost Insulators and Allied Workers Local No. 4 Pension Fund ("Pension Fund") and Heat and Frost Insulators and Allied Workers Local No. 4 Annuity Savings Fund ("Annuity Fund"). Most of such expenses, including employee compensation and benefits, are paid directly by the Pension Fund, and are allocated among the Funds based on management estimates. Total allocations to the Welfare Fund amounted to \$71,296 and \$82,380 for years ended December 31, 2024 and 2023, respectively. Total allocation to the Industry Training Program amounted to \$33,980 and \$33,019 for years ended December 31, 2024 and 2023, respectively.

Lease

On June 1, 2023, the Fund, together with the Pension Fund and Annuity Fund, entered into a lease agreement for the office facilities utilized by the entities with the Seneca Street Property Trust Fund, a related real estate holding company. See Note 8 for more information about the lease agreement.

Note 7 (continued)**Pension Fund**

The Pension Fund withholds self-pay insurance premiums from pensioner benefit payments and remits such withholdings to the Group Insurance Program. In addition, the Pension Fund administers a bank account where employer fringe benefit contributions, dues withholdings, and employer interest and late fees for the related benefit funds and the Union are deposited. All fringe benefit contributions were distributed to the Welfare Fund at December 31, 2024 and 2023. This “clearing account” also collects interest and penalties on late contributions for all related funds and distributes them when the total exceeds a threshold established by the Board of Trustees.

The Pension Fund also pays the taxable disability benefit on behalf of the Welfare Fund, who reimburses the Plan for such costs.

Other

The Local Union remits per capita expenses on behalf of the Industry Training Program to the International Training Fund and is reimbursed by the Industry Training Program. Total per capita expenses paid by the Local Union on behalf of the Industry Training Program during years ended December 31, 2024 and 2023, amounted to \$18,415 and \$16,359, respectively.

The unpaid portion of allocated expenses and other activity at December 31, 2024 and 2023, for the Group Insurance Program are summarized as follows:

Group Insurance Program	2024	2023
Net Amount Due From:		
Pension Fund	\$ 901	\$ 9,283

The unpaid portion of allocated expenses and other activity at December 31, 2024 and 2023, for the Industry Training Program are summarized as follows:

Industry Training Program	2024	2023
Net Amount Due From:		
Pension Fund	\$ 48	\$ 961
Due to:		
Local Union	\$ 4,077	\$ 3,485

Note 8 - Commitments and Contingencies

Lease Commitments

The Fund, along with the Pension Fund and Annuity Fund (together referred to as “the Benefit Funds”) entered into a lease agreement with Seneca Street Property Trust Fund effective June 1, 2023, through May 31, 2026, which requires monthly rental payments of \$700. In accordance with ASC 842, *Leases*, each individual Benefit Fund has recognized a right of use asset and lease liability at June 1, 2023, the date the lease commenced. The right of use asset and lease liability were recorded on the Fund’s statement of net assets available for benefits at the present value of future payments using the risk-free rate as the discount rate to calculate the lease’s imputed interest which at June 1, 2023, was 5.50%. Prior to June 1, 2023, the Benefit Funds made monthly rental payments totaling \$476 on a month-to-month basis.

The Fund is committed to lease payments in future years under terms of the lease agreement as follows:

Year	Amount
2025	\$ 8,400
2026	3,500
Total Lease Commitments	11,900
Less Imputed Interest	(477)
Present Value of Lease Liabilities	\$ 11,423

Rental expenses are rebilled to related entities as part of the administrative services and expense sharing agreement disclosed in Note 7. Prior to the allocation to related funds, rental expenses (and actual cash paid for rent) amounted to \$8,400 and \$7,280 in 2024 and 2023, respectively.

The Training Fund entered into a lease agreement with Seneca Street Property Trust Fund for space utilized for participant training effective June 1, 2023, through May 31, 2026, which requires monthly rental payments of \$1,070. In accordance with ASC 842, *Leases*, the Training Fund has recognized a right of use asset and lease liability at June 1, 2023, the date the lease commenced. The right of use asset and lease liability were recorded on the statement of net assets available for benefits at the present value of future payments using the risk-free rate as the discount rate (5.50%) to calculate the lease’s imputed interest at June 1, 2023. Prior to June 1, 2023, the Training Fund made monthly rental payments of \$870 on a month-to-month basis.

The Training Fund is committed to lease payments in future years under terms of the lease agreement as follows:

Year	Amount
2025	\$ 12,840
2026	5,350
Total Lease Commitments	18,190
Less Imputed Interest	(729)
Present Value of Lease Liabilities	\$ 17,461

Rent expense (and actual cash paid for rent) for the above-mentioned lease amounted to \$11,770 and \$11,840 in 2024 and 2023, respectively.

Note 9 - Tax Status

On May 27, 1958, the Fund received a determination from the United States Treasury Department that it qualified under Section 501(c)(9) of the Internal Revenue Code and, therefore, is exempt from Federal income tax under provisions of Section 501(a). The Trustees believe that the Fund, including amendments after the IRS determination, is currently designed, and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Fund was qualified, and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Fund, and has concluded that as of December 31, 2024, there are no uncertain positions or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Management believes that the Fund is no longer subject to income tax examination for the years prior to December 31, 2021.

Note 10 - Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with generally accepted accounting principles, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured based on revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the calculation of gains and losses for financial statement purposes and the calculation for Form 5500 are the same.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500 Schedule H, such fees are included as administrative expenses.

Amounts currently payable to or for participants, beneficiaries, and dependents for benefit claims that have been processed and approved for payment through the Fund's self-insured medical reimbursement plan prior to the end of the plan year, but not yet paid as of such date, are reported as benefit claims payable on Form 5500, Schedule H. At December 31, 2024 and 2023, there were no material benefit claims payable reported on Form 5500, Schedule H.

**Heat and Frost Insulators and Allied Workers
Local No. 4 Welfare Fund**

Supplemental Information

For the Years Ended December 31, 2024 and 2023

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Administrative Expense For the Years Ended December 31, 2024 and 2023

	2024			2023		
	Group Insurance Program	Industry Training Program	Total	Group Insurance Program	Industry Training Program	Total
Compensation, Administrator	\$ 30,451	\$ 8,306	\$ 38,757	\$ 29,869	\$ 8,234	\$ 38,103
Compensation, Instructors	-	15,569	15,569	-	14,580	14,580
Conferences	988	124	1,112	544	2,075	2,619
Depreciation	-	913	913	-	930	930
Employee Benefits	23,900	6,216	30,116	22,592	4,944	27,536
Insurance	808	480	1,288	8,273	1,049	9,322
Office Supplies and Expense	2,140	4,442	6,582	3,054	2,245	5,299
Per Capita Tax	-	18,415	18,415	-	16,359	16,359
Professional Services	56,554	625	57,179	62,545	1,430	63,975
Rent	3,360	-	3,360	2,912	-	2,912
Taxes, Payroll	2,911	2,394	5,305	3,829	2,278	6,107
Telephone	1,010	118	1,128	564	70	634
Trustee Fees	644	80	724	576	72	648
Total	\$ 122,766	\$ 57,682	\$ 180,448	\$ 134,758	\$ 54,266	\$ 189,024

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

Employer Contributions As of December 31, 2024 and 2023

	2024			2023		
	Group Insurance Program	Industry Training Program	Total	Group Insurance Program	Industry Training Program	Total
Local Contributions						
API Group	\$ 2,013	\$ 119	\$ 2,132	\$ -	\$ -	\$ -
Buffalo Building Trades PreApp	3,694	218	3,912	-	-	-
Cambridge Insulation	2,557	151	2,708	4,614	290	4,904
Clean Water Mechanical	43,286	2,692	45,978	42,556	2,658	45,214
Coldwater Insulation	-	-	-	3,992	246	4,238
Devine Insulation	454	28	482	695	45	740
Frontier Insulation Contractors, Inc.	377,308	23,057	400,365	367,518	23,534	391,052
Frontline Constr. & Supply LLC	-	-	-	355	22	377
Heat and Frost Insulators and Allied Workers Local No. 4	26,504	1,589	28,093	25,562	1,599	27,161
International Abestos Removal	70,388	4,385	74,773	-	-	-
Kaleida Health	45,830	2,752	48,582	35,426	2,222	37,648
KIM Industries	427,242	27,347	454,589	199,865	12,698	212,563
M & M Insulation	210,155	12,891	223,046	175,962	11,033	186,995
Niagara Falls Water Board	19,503	1,172	20,675	7,631	481	8,112
OCM Construction	171,568	10,709	182,277	198,580	12,510	211,090
Patriot Insulation	40,848	2,609	43,457	30,190	1,902	32,092
State University of New York at Buffalo	31,081	1,863	32,944	31,367	1,968	33,335
	1,472,431	91,582	1,564,013	1,124,313	71,208	1,195,521
Reciprocal Contributions						
Sheetmetal Workers 112	-	-	-	4,039	-	4,039
Heat and Frost Insulators and Allied Workers						
Local No. 2, Clinton, PA	-	-	-	4,946	-	4,946
Local No. 14, Philadelphia, PA	2,311	-	2,311	-	-	-
Local No. 17, Chicago, IL	-	-	-	2,042	-	2,042
Local No. 18, Indianapolis, IN	21,448	-	21,448	-	-	-
Local No. 23, Harrisburg, PA	1,772	-	1,772	1,895	-	1,895
Local No. 26, Rochester, NY	6,397	-	6,397	487	-	487
Local No. 30, Syracuse, NY	7,227	-	7,227	3,349	-	3,349
Local No. 33, Wallingford, CT	2,789	-	2,789	7,418	-	7,418
Local No. 37, Evansville, IN	-	-	-	4,126	-	4,126
Local No. 50, Columbus, OH	5,357	-	5,357	2,485	-	2,485
Local No. 51, Louisvillie, KY	4,515	-	4,515	11,547	-	11,547
Local No. 78, Birmingham, AL	1,897	-	1,897	840	-	840
Local No. 86, Nashville, TN	-	-	-	1,326	-	1,326
Local No. 127, Clintonville WI	-	-	-	2,294	-	2,294
	53,713	-	53,713	46,794	-	46,794
Total Employer Contributions	1,526,144	91,582	1,617,726	1,171,107	71,208	1,242,315
Less Amounts Remitted to Other Local Unions Under Reciprocal Agreements	(17,223)	-	(17,223)	(8,852)	-	(8,852)
	1,508,921	91,582	1,600,503	1,162,255	71,208	1,233,463
Add Amount Credited by Heat and Frost Insulators for Local No. 4 Welfare Fund Administrator and Trustees	26,198	8	26,206	24,648	39	24,687
Net Employer Contributions	\$ 1,535,119	\$ 91,590	\$ 1,626,709	\$ 1,186,903	\$ 71,247	\$ 1,258,150

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

EIN: 16-1437656 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
	Face Value/ No. of Shares			
<u>Investments, at Fair Value</u>				
Cash, Interest Bearing			\$ 7,233	\$ 7,233
Mutual Funds				
Blackrock Global Allocation Fund	12,639	Shares	257,744	236,356
Metropolitan West Total Return Bond Fund	25,960	Shares	280,234	230,262
PIMCO All Asset Fund	21,400	Shares	254,377	231,549
PIMCO Dynamic Bond Fund	23,745	Shares	262,623	236,977
Total Mutual Funds			1,054,978	935,144
Total Investments, at Fair Value			\$ 1,062,211	\$ 942,377

Heat and Frost Insulators and Allied Workers Local No. 4 Welfare Fund

EIN: 16-1437656 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
	Face Value/ No. of Shares			
<u>Investments, at Fair Value</u>				
Cash, Interest Bearing			\$ 7,233	\$ 7,233
Mutual Funds				
Blackrock Global Allocation Fund	12,639	Shares	257,744	236,356
Metropolitan West Total Return Bond Fund	25,960	Shares	280,234	230,262
PIMCO All Asset Fund	21,400	Shares	254,377	231,549
PIMCO Dynamic Bond Fund	23,745	Shares	262,623	236,977
Total Mutual Funds			1,054,978	935,144
Total Investments, at Fair Value			\$ 1,062,211	\$ 942,377