

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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 04/01/2024 and ending 03/31/2025

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>DISTRICT COUNCIL 37 HEALTH AND BENEFIT 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>DISTRICT COUNCIL 37 HEALTH AND BENEFIT F</u></p> <p><u>420 WEST 45TH STREET</u> <u>NEW YORK, NY 10036</u></p>	<p>1c Effective date of plan <u>03/30/1970</u></p> <p>2b Employer Identification Number (EIN) <u>13-2659322</u></p> <p>2c Plan Sponsor's telephone number <u>212-334-0096</u></p> <p>2d Business code (see instructions) <u>624100</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.	01/15/2026	RANDY PAUL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	500
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)	486
	6a(2)	438
	6b	16
	6c	
	6d	454
	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	11

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 4U

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>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 _____

**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 **04/01/2024** and ending **03/31/2025**

A Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 HEALTH AND BENEFIT F	D Employer Identification Number (EIN) 13-2659322

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260B00	434	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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	17643
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT 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 DISTRICT COUNCIL 37 HEALTH AND BENEFIT F</p>	<p>D Employer Identification Number (EIN) 13-2659322</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
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES (CIGNA)

(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
59-1031071	67369	3333010	350	03/01/2024	02/28/2025

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	(b) Total amount of fees paid
0	0

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

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

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

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

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

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	(c) Amount	(d) Purpose	

(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)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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	122758
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 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.**

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OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 HEALTH AND BENEFIT F	D Employer Identification Number (EIN) 13-2659322

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
NIAGARA LIFE & HEALTH 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
16-1590999	12285	NL5006	434	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 0	(b) Total amount of fees paid 0
---	--

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

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	(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)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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	439622
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 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 **04/01/2024** and ending **03/31/2025**

A Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 HEALTH AND BENEFIT F	D Employer Identification Number (EIN) 13-2659322	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

LOCAL 95 WELFARE FUND

13-3819669

(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?
14	NONE	123593	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)

EMPIRE HEALTH CHOICE ASSURANCE, INC

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	105839	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)

HO MING LAI

13-2659322

(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	NONE	68419	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)

EPIPHANY RX, LLC

36-4855405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	66653	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WEAVER & TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	40250	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)

MERRILL LYNCH

13-5674085

(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?
28 34 50 51	NONE	36497	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)

SUMMIT ACTUARIAL SERVICES LLC

20-3838633

(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	24000	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)

BRIDGEWAY BENEFIT (FORMERLY ISSI)

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	15038	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)

ARCHER, BYINGTON, GLENNON & LEVINE

26-0873462

(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	14625	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)

LOCKTIGHT SOLUTIONS, INC.

11 RIDGE ROAD
CRESSKILL, NJ 07626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	6450	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 04/01/2024 and ending 03/31/2025	
A Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 HEALTH AND BENEFIT F	D Employer Identification Number (EIN) 13-2659322

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	326878	93629
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	204178	575181
(2) Participant contributions	1b(2)	10832	9851
(3) Other	1b(3)	601087	291098
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	223482	257658
(2) U.S. Government securities	1c(2)	2236143	855828
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	613420	705372
(B) All other	1c(3)(B)	253445	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2133168	1648600
(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)	1350050	3633443
(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	5437	3576
f Total assets (add all amounts in lines 1a through 1e).....	1f	7958120	8074236
Liabilities			
g Benefit claims payable.....	1g	1733600	2650700
h Operating payables.....	1h	141748	293281
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	335534	214308
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2210882	3158289
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5747238	4915947

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)	7511134	
(B) Participants.....	2a(1)(B)	7851	
(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)		7518985
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15521	
(B) U.S. Government securities.....	2b(1)(B)	29001	
(C) Corporate debt instruments.....	2b(1)(C)	29275	
(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)		73797
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3089	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	116046	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		119135
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7724729	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7541405	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		183324
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-114236	
(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)		56675
c Other income	2c		482004
d Total income. Add all income amounts in column (b) and enter total.....	2d		8319684

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7872012	
(2) To insurance carriers for the provision of benefits	2e(2)	457265	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8329277
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)	230272	
(2) Contract administrator fees	2i(2)	172492	
(3) Recordkeeping fees	2i(3)	3400	
(4) IQPA audit fees	2i(4)	40250	
(5) Investment advisory and investment management fees	2i(5)	36497	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	24000	
(8) Legal fees	2i(8)	14625	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	300162	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		821698
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9150975

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-831291
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: **WEAVER AND TIDWELL LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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		500000
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.		X	

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

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 _____.

District Council 37 Health and Benefit Fund

Financial Report

March 31, 2025

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Supplementary Information

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of
District Council 37 Health and Benefit Fund

Opinion

We have audited the financial statements of District Council 37 Health and Benefit 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 plan's benefit obligations as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of plan's benefit obligations for the years ended March 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits and of plan's benefit obligations as of March 31, 2025 and 2024 and the changes in its net assets available for benefits and of plan's benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the years ended March 31, 2025 and 2024, is presented for purposes of additional analysis and are not a required part of the financial statements, but certain are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

New York, New York
January 15, 2026

District Council 37 Health and Benefit Fund
(Formerly known as District Council 1707
Health and Benefit Fund)

Statements of Net Assets Available for Benefits
March 31, 2025 and 2024

ASSETS	<u>2025</u>	<u>2024</u>
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 855,828	\$ 2,236,143
Corporate bonds	705,372	866,865
Common stocks	1,648,600	2,133,168
Mutual funds	3,633,443	1,350,050
Short-term investment funds	257,658	223,482
	<hr/>	<hr/>
Total investments	7,100,901	6,809,708
Receivables		
Employers' contributions	575,181	204,178
Participants' contributions	9,851	10,832
Stop-loss insurance reimbursements	648	648
Prescription drug rebates	48,509	223,205
Accrued interest	12,659	21,967
	<hr/>	<hr/>
Total receivables	646,848	460,830
Cash	93,629	326,878
Prepaid expenses and other assets	20,931	26,158
Property assets		
Property and equipment	610,950	610,950
Leasehold improvements	21,023	21,023
	<hr/>	<hr/>
	631,973	631,973
Less: accumulated depreciation	<hr/>	<hr/>
	628,397	626,536
Property assets, net	3,576	5,437
Right of use asset - operating lease	<hr/>	<hr/>
	208,351	329,109
Total assets	<hr/>	<hr/>
	8,074,236	7,958,120
LIABILITIES		
Accrued expenses	250,590	89,401
Lease liability - operating lease	214,308	335,534
Due to related fund	42,691	52,347
	<hr/>	<hr/>
Total liabilities	507,589	477,282
NET ASSETS AVAILABLE FOR BENEFITS	<hr/>	<hr/>
	\$ 7,566,647	\$ 7,480,838

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

District Council 37 Health and Benefit Fund
(Formerly known as District Council 1707
Health and Benefit Fund)

Statements of Changes in Net Assets Available for Benefits
Years Ended March 31, 2025 and 2024

ADDITIONS	2025	2024
Investment income		
Net appreciation in fair value of investments	\$ 125,763	\$ 452,370
Interest	192,932	189,008
	318,695	641,378
Less: investment expenses	(36,497)	(41,436)
Net investment income	282,198	599,942
Contributions		
Employers	7,511,134	7,408,359
Participants - COBRA	7,851	29,202
Total contributions	7,518,985	7,437,561
Other income		
Prescription drug rebates	325,096	468,887
Delinquency fees from agencies	818	3,346
Stop-loss insurance reimbursements	151,786	-
Benefit refunds	4,304	-
Total other income	482,004	472,233
Total additions	8,283,187	8,509,736
DEDUCTIONS		
Benefits paid to or on behalf of participants and dependents		
Health claims	6,954,912	8,791,338
Insurance premiums	457,265	322,372
Total benefits paid	7,412,177	9,113,710
Administrative expenses	785,201	758,015
Total deductions	8,197,378	9,871,725
Net increase (decrease)	85,809	(1,361,989)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	7,480,838	8,842,827
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 7,566,647	\$ 7,480,838

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

District Council 37 Health and Benefit Fund
(Formerly known as District Council 1707
Health and Benefit Fund)

Statements of Plan's Benefit Obligations
Years Ended March 31, 2025 and 2024

OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS	2025	2024
Claims payable	\$ 2,259,337	\$ 673,631
Claims incurred but not reported	391,363	1,059,969
Total claims payable and claims incurred but not reported	2,650,700	1,733,600
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	536,900	520,800
Other participants fully eligible for benefits	2,164,300	2,128,300
Other participants not yet fully eligible for benefits	7,200,100	7,111,500
	9,901,300	9,760,600
Less: self-pay contributions	7,352,600	7,261,600
Total postretirement benefit obligations	2,548,700	2,499,000
TOTAL PLAN'S BENEFIT OBLIGATIONS	\$ 5,199,400	\$ 4,232,600

District Council 37 Health and Benefit Fund
(Formerly known as District Council 1707
Health and Benefit Fund)

Statements of Changes in Plan's Benefit Obligations
Years Ended March 31, 2025 and 2024

AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS AND DEPENDENTS	2025	2024
Balance at beginning of year	\$ 1,733,600	\$ 1,609,900
Claims and premiums incurred	8,329,277	9,237,410
Benefits and premiums paid	(7,412,177)	(9,113,710)
Balance at end of year	2,650,700	1,733,600
 POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	2,499,000	2,425,600
Increase resulting from a change in the cost of benefits and a change in demographics	71,500	96,000
(Decrease) due to estimated benefits paid during the year	(154,700)	(151,900)
Increase due to assumption changes	-	-
Increase due to the passage of time	132,900	129,300
Balance at end of year	2,548,700	2,499,000
 TOTAL PLAN'S BENEFIT OBLIGATIONS AT END OF YEAR	 \$ 5,199,400	 \$ 4,232,600

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

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 1. Plan Description

The following description of the District Council 37 Health and Benefit Fund (the Fund) provides only general information about the Fund's provisions. Participants should refer to the Plan document for a complete description of the Fund's provisions, which is available from Fund management.

General

The Fund was established in accordance with a Collective Bargaining Agreement (CBA) entered into among various social service agency employers and CSEA District Council 37 (the Union) to provide health and other benefits to eligible employees and covered dependents. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Fund provides health benefits (major medical, hospital, prescription drug, dental, optical and life insurance) to members of the Union, related management groups, and their covered dependents. Eligible retirees are provided benefits supplemental to Medicare coverage.

Insured Benefits

Life insurance benefits provided to participants and their beneficiaries and dependents are covered by an insurance contract maintained by the Fund. Premiums are paid to the insurance company from the general assets of the Fund.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Self-Insured Benefits

The claims for self-insured benefits are processed by the Plans' third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Contributions

Contribution rates have been established under collective bargaining agreements entered into among the Union and the various employers. The monthly fixed rates are calculated by the Fund's benefit consultant on an annual basis, to provide for the full cost of benefits and are approved by the Fund's trustees.

The Fund is noncontributory for active participants except for COBRA premiums as required by law.

Retiree benefits are funded entirely by either employer contributions or retiree self-pay contributions, depending upon the terms of the employers' CBA.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Insurance Premiums

The Plan pays insurance premiums to certain insurance carriers for the Plan's fully insured arrangements under the Plan. The Company also pays stop-loss insurance premiums for its self-insured medical arrangement under the Plan.

Third-Party Administrators

The Plan utilizes third-party administrators for the administration of the Plan's self-insured medical and prescription drug arrangements, for the Plan. However, the responsibility for payment of benefits is retained by the Plan and Trust.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been 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 (US GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations, and changes therein, and the disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Fund's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Property Assets

Property assets are recorded at cost.

Depreciation is computed by the straight-line method at rates calculated to amortize cost over the estimated useful lives of the assets.

Payment of Benefits

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as claims payable in the accompanying statements of plan's benefit obligations.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds are included as other income in the accompanying statement of changes in net assets available for benefits.

Refunds

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$325,096 and \$468,887 have been shown in other income in the accompanying statements of changes in net assets available for benefits for the years ended March 31, 2025 and 2024, respectively.

Leases

The Fund determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be a lease or contain a lease if the contract conveys the right to control the use of the identified property, plant, or equipment (an identified asset) in exchange for consideration. The Fund determines these assets are leased because the Fund has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Fund determines it does not have the right to control and direct the use of the identified asset. The Fund's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Fund separately identifies lease and nonlease components, such as common area and other maintenance costs, in calculating the right of use (ROU) assets and lease liabilities for its leased space. The Fund has elected the practical expedient to not separate lease and nonlease components and classifies the contract as a lease if consideration in the contract allocated to the lease is greater than the consideration allocated to the nonlease component.

Leases result in the recognition of ROU assets and lease liabilities on the statement of net assets available for benefits. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Fund determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Fund uses the implicit rate when readily determinable. As most leases do not provide an implicit rate, the Fund uses the applicable federal rate in order to determine the present value of lease payments.

The lease term may include options to extend or to terminate the lease that the Fund is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Fund has elected not to record leases with an initial term of 12 months or less on the statement of net assets available for benefits. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Subsequent Events

The Fund has evaluated subsequent events and transactions through January 15, 2026, the date that the financial statements were available to be issued.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 3. Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributable to plan participants' service rendered through March 31 (the valuation date). Postretirement benefits include future benefits expected to be paid to or for: (i) currently retired participants, and (ii) active participants after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to detailed census data to estimate future annual costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death or withdrawal) between the valuation date and the expected date of payment.

The following were significant assumptions used in the valuation as of March 31, 2025 and 2024:

Discount rate:	5.50% compounded annually
Health cost trend:	10% - fiscal year ended March 31, 2025 5% - fiscal years ending March 31, 2026, 2027, 2028, 2029 and 1.5% thereafter
Administrative expenses:	5% of the amount of retiree claims
Mortality:	RP-2014 Blue Collar
Retirement age:	Age 65
Turnover:	60% of the active participants will become eligible for retiree health benefits at age 65

An increase of 1% in the health cost trend would increase the postretirement benefit obligations by \$70,500 at March 31, 2025.

Note 4. Claims Payable and Claims Incurred but not Reported

Benefit obligations include benefit claims pending at the close of the year and an estimate for health claims incurred but not reported. The obligation for health claims payable and the estimated benefit obligations for health claims incurred but not reported as of March 31, 2025 and 2024 were determined by the Fund's benefit consultant using accepted actuarial methods. Such amounts are reported at present value in the accompanying statements of plan's benefit obligations.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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 March 31, 2025 and 2024.

U.S. government and governmental agencies obligations: U.S. treasury securities are carried at fair value as determined by quoted market prices in active markets. Governmental agencies include agency-issued debt which is valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities.

Corporate bonds: Corporate bonds are valued using pricing models maximizing use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Mutual funds: Mutual funds are valued at the closing price every business day. The mutual funds held by the Fund are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Short-term investment funds: Short-term investment funds are stated at cost which approximates fair value.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

The following tables set forth, by level, the Fund's assets that were accounted for at fair value on a recurring basis as of March 31, 2025 and 2024:

	2025	2024
Level 1		
Mutual funds	\$ 3,633,443	\$ 1,350,050
Common stocks	1,648,600	2,133,168
US Treasury securities	855,828	1,724,461
	6,137,871	5,207,679
Level 2		
U.S. government securities	-	511,682
Corporate bonds	705,372	866,865
Short-term investment funds	257,658	223,482
	963,030	1,602,029
Investments at fair value	\$ 7,100,901	\$ 6,809,708

Note 6. Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators and professional fees. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

Note 7. Tax Status

The trust is qualified under Section 401(a) of the Internal Revenue Code (the IRC). The Internal Revenue Service (IRS) has determined and informed the Plan, by a letter dated June 30, 2015, that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 8. Procedures on Termination of the Fund

In the event of termination, the trustees shall pay from Fund assets, or provide for the payment from Fund assets, any and all obligations of the Fund, and shall distribute and apply any remaining surplus in such a manner as will, in their opinion, best effectuate the purpose of the Fund. In no event shall any surplus be used for or diverted to purposes other than the exclusive benefit of employees, retired employees, or the administrative expenses of the Fund.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 9. Related Party Transactions

The Fund shares certain personnel and office services with the District Council 37, Local 95 Head Start Employees Welfare Fund (the Local 95 Welfare Fund). Shared expenses are generally paid directly by the Local 95 Welfare Fund and allocated primarily based upon payroll-based ratios. The Fund reimbursed the Local 95 Welfare Fund approximately \$344,000 and \$208,000 for allocated expenses for the years ended March 31, 2025 and 2024, respectively.

The Fund leases office space from the Union under the terms of a sublease agreement. The term of the lease is for fifteen years commencing on April 1, 2010 and expiring on November 30, 2026. The sublease agreement contains annual increases on the base rent of two percent (2%). The Fund is also responsible for payment of a proportionate share of any potential real estate and operating expense escalations.

For the year ended March 31, the lease expense is as follows:

	2025	2024
Base lease cost	\$ 149,902	\$ 126,045
Straight-line adjustment	(468)	1,986
	\$ 149,434	\$ 128,031

The weighted average of the remaining lease term is 19 months. The rate implicit in the operating lease cannot be determined so the Fund uses the applicable federal rate, which is a risk-free rate. The weighted average interest rate is 2.55%.

Included in allocated expenses above are direct rent and escalation charges totaling \$149,434 and \$128,031, for the years ended March 31, 2025 and 2024, respectively.

The maturity analysis and reconciliation to the statement of net assets available for benefits at March 31, 2025, are as follows:

Years Ending March 31,	Operating Lease
2026	\$ 141,871
2027	77,272
Thereafter	-
Total future undiscounted lease payments	219,143
Less present value discount	(4,835)
Operating lease liabilities	\$ 214,308

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 10. Risks and Uncertainties

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

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

Note 11. Concentrations of Credit Risk

Financial instruments that subject the Fund to concentrations of credit risk include cash, short-term investments, and employers' contributions. The Fund maintains accounts at high quality financial institutions. Its deposit balances may, at times, exceed federally insured limits. The Fund has not experienced any losses on such accounts. Receivables consist of contributions due from contributing employers.

For the years ended March 31, 2025 and 2024, four and five contributing employers represent approximately 76% and 86%, respectively, of the contributions from employers. Four and two contributing employers represent approximately 75% and 95% of employer contributions receivable as of March 31, 2025 and 2024, respectively.

District Council 37 Health and Benefit Fund

Notes to Financial Statements

Note 12. Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan

In accordance with ERISA regulations Section 2520-103-1(b)(3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	2025	2024
Reconciliation of net assets		
Amounts per pages 4 and 6 of financial statements		
Net assets available for benefits	\$ 7,566,647	\$ 7,480,838
Claims payable and claims incurred but not reported	(2,650,700)	(1,733,600)
Amount per Form 5500, Schedule H, Page 2, Part 1, Item 1I	\$ 4,915,947	\$ 5,747,238
Reconciliation of benefit payments		
Amounts per pages 5 and 6 of financial statements		
Benefits paid to or on behalf of participants and dependents	\$ 7,412,177	\$ 9,113,710
Claims payable and claims incurred but not reported		
End of prior year	(1,733,600)	(1,609,900)
End of current year	2,650,700	1,733,600
Amount per Form 5500, Schedule H, Page 3, Part II, Item 2e(4)	\$ 8,329,277	\$ 9,237,410
Reconciliation of administrative expenses		
Amount per page 5 of financial statements		
Investment expenses	\$ 36,497	\$ 41,436
Administrative expenses	785,201	758,015
Amount per Form 5500, Schedule H, Page 3, Part II, Item 2i(5)	\$ 821,698	\$ 799,451
Reconciliation of net (decrease)		
Amounts per pages 5 and 6 of financial statements		
Net increase(decrease)	\$ 85,809	\$ (1,361,989)
Changes in benefit obligation - claims payable and claims incurred but not reported		
End of prior year	1,733,600	1,609,900
End of current year	(2,650,700)	(1,733,600)
Amount per Form 5500, Schedule H, Page 3, Part II, Item 2k	\$ (831,291)	\$ (1,485,689)

Supplementary Information

District Council 37 Health and Benefit Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 13-2659322
March 31, 2025

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
U.S. government and governmental agencies obligations:							
U.S. TREASURY NOTE	Fixed Income	12/27/2024	4.625%	N/A	55,000	\$ 55,230	\$ 55,516
U.S. TREASURY NOTE	Fixed Income	2/15/2027	2.250%	N/A	60,000	57,497	58,202
U.S. TREASURY NOTE	Fixed Income	04/30/2027	2.750%	N/A	86,000	84,738	84,035
U.S. TREASURY NOTE	Fixed Income	7/15/2027	4.375%	N/A	34,000	34,028	34,352
U.S. TREASURY NOTE	Fixed Income	11/15/2028	3.125%	N/A	120,000	114,577	116,831
U.S. TREASURY NOTE	Fixed Income	11/30/2028	4.375%	N/A	30,000	29,952	30,466
U.S. TREASURY NOTE	Fixed Income	1/31/2029	4.000%	N/A	31,000	30,510	31,085
U.S. TREASURY NOTE	Fixed Income	5/15/2029	2.375%	N/A	49,000	45,055	46,133
U.S. TREASURY NOTE	Fixed Income	7/31/2031	4.125%	N/A	30,000	29,341	30,119
U.S. TREASURY NOTE	Fixed Income	8/15/2031	1.250%	N/A	52,000	42,346	43,869
U.S. TREASURY NOTE	Fixed Income	12/31/2031	4.500%	N/A	86,000	87,697	88,160
U.S. TREASURY NOTE	Fixed Income	5/15/2032	2.875%	N/A	43,000	38,541	39,782
U.S. TREASURY NOTE	Fixed Income	5/15/2040	1.125%	N/A	49,000	29,360	31,006
U.S. TREASURY NOTE	Fixed Income	2/15/2042	3.125%	N/A	66,000	52,780	54,976
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U.S. TREASURY NOTE	Fixed Income	8/15/2049	2.250%	N/A	55,000	33,999	35,479
Total U.S. government and governmental agencies obligations						838,472	855,828
Corporate Bonds:							
COCA-COLA CO/THE	Fixed Income	06/01/30	1.889%	N/A	37,000	31,568	32,306
ELI LILLY & CO	Fixed Income	08/14/34	4.680%	N/A	32,000	30,790	31,453
EXXON MOBIL CORP	Fixed Income	03/01/46	4.998%	N/A	38,000	30,869	31,273
FLORIDA POWER & LIGHT CO	Fixed Income	06/15/34	5.178%	N/A	31,000	31,206	31,726
HOME DEPOT INC	Fixed Income	06/25/54	5.300%	N/A	33,000	31,815	31,873
JOHN DEERE CAPITAL CORP	Fixed Income	01/20/28	4.750%	N/A	31,000	31,167	31,446
JPMORGAN CHASE & CO	Fixed Income	11/19/26	1.068%	N/A	70,000	67,712	68,473
MASTERCARD INC	Fixed Income	02/26/28	3.563%	N/A	32,000	31,032	31,426
MASTERCARD INC	Fixed Income	03/26/30	3.521%	N/A	34,000	31,818	32,348
MERCK & CO INC	Fixed Income	05/17/28	4.061%	N/A	32,000	31,582	31,906
META PLATFORMS INC	Fixed Income	08/15/54	5.400%	N/A	16,000	15,488	15,677
NOVARTIS CAPITAL CORP	Fixed Income	09/18/34	4.398%	N/A	35,000	32,444	33,419
PRIZER INVESTMENT ENTER	Fixed Income	05/19/53	5.300%	N/A	65,000	61,118	61,716
PROCTER & GAMBLE CO/THE	Fixed Income	02/01/32	2.601%	N/A	36,000	31,004	31,833
QUALCOMM INC	Fixed Income	05/20/27	3.312%	N/A	17,000	16,535	16,677
STATE STREET CORP	Fixed Income	11/21/29	5.474%	N/A	31,000	31,821	32,186
TARGET CORP	Fixed Income	04/15/35	5.021%	N/A	32,000	31,554	31,860
TOTAL CAPITAL INTL SA	Fixed Income	02/19/29	3.562%	N/A	35,000	33,411	33,947
TOYOTA MOTOR CREDIT CORP SER MTN GLB	Fixed Income	03/19/27	4.935%	N/A	31,000	31,245	31,407
UNITED HEALTH GROUP INC	Fixed Income	07/15/34	5.115%	N/A	62,000	61,173	62,420
Total Corporate Bonds						695,352	705,372

District Council 37 Health and Benefit Fund

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

Plan #501 / EIN: 13-2659322

March 31, 2025

(a)	(b)	(c) Description of investment				(d)	(e)	
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value	
Common Stocks:								
	ADVNC D MICRO D INC	Equity	N/A	N/A	N/A	223 \$	27,058 \$	22,911
	AIR PRODUCTS & CHEM	Equity	N/A	N/A	N/A	150	43,828	44,238
	ALPHABET INC SHS CL A	Equity	N/A	N/A	N/A	250	43,204	38,660
	AMAZON COM INC COM	Equity	N/A	N/A	N/A	611	102,396	116,249
	APPLE INC	Equity	N/A	N/A	N/A	235	42,915	52,201
	APPROVIN CORP COM	Equity	N/A	N/A	N/A	68	20,890	18,018
	BERKSHIRE HATAWAY INC	Equity	N/A	N/A	N/A	49	22,330	26,096
	BOSTON SCIENTIFIC CORP	Equity	N/A	N/A	N/A	559	56,342	56,392
	BROADCOM INC	Equity	N/A	N/A	N/A	258	35,837	43,197
	CARDINAL HEALTH INC OHIO	Equity	N/A	N/A	N/A	511	54,498	70,400
	CIENA CORP	Equity	N/A	N/A	N/A	685	59,348	41,395
	CONOCOPHILLIPS	Equity	N/A	N/A	N/A	99	9,557	10,397
	DISCOVER FINL SVCS	Equity	N/A	N/A	N/A	47	8,262	8,023
	ELEVANCE HEALTH INC	Equity	N/A	N/A	N/A	69	26,136	30,012
	ELI LILLY & CO	Equity	N/A	N/A	N/A	36	20,806	29,733
	HESS CORP	Equity	N/A	N/A	N/A	182	26,845	29,071
	HONEYWELL INTL INC DEL	Equity	N/A	N/A	N/A	44	10,145	9,317
	HOWMET AEROSPACE INC	Equity	N/A	N/A	N/A	297	35,377	38,530
	HUMANA INC	Equity	N/A	N/A	N/A	111	31,687	29,371
	INTERCONTINENTAL EXCHANGE INC	Equity	N/A	N/A	N/A	341	46,912	58,822
	JOHNSON CONTROLS INTER	Equity	N/A	N/A	N/A	547	42,016	43,820
	JPMORGAN CHASE & CO	Equity	N/A	N/A	N/A	79	18,771	19,379
	LVMH MOET HENNESSY ADR	Equity	N/A	N/A	N/A	198	27,121	24,526
	MARVELL TECH INC	Equity	N/A	N/A	N/A	421	47,178	25,921
	META PLATFORMS INC	Equity	N/A	N/A	N/A	153	83,039	88,183
	MICRON TECHNOLOGY INC	Equity	N/A	N/A	N/A	270	26,305	23,460
	MICROSOFT CORP	Equity	N/A	N/A	N/A	327	102,491	122,753
	MR COOPER GROUP INC	Equity	N/A	N/A	N/A	395	42,238	47,242
	NVIDIA	Equity	N/A	N/A	N/A	496	17,040	53,756
	RTX CORP	Equity	N/A	N/A	N/A	76	5,623	10,067
	S&P GLOBAL INC	Equity	N/A	N/A	N/A	125	59,101	63,512
	SANOFI ADR	Equity	N/A	N/A	N/A	184	9,034	10,205
	SHELL PLC	Equity	N/A	N/A	N/A	149	9,364	10,919
	SONY GROUP CORP	Equity	N/A	N/A	N/A	826	17,455	20,972
	SPOTIFY TECH SA REG	Equity	N/A	N/A	N/A	77	44,533	42,352
	SS AND C TECHNOLOGIES HOLDINGS INC	Equity	N/A	N/A	N/A	687	20,519	57,385
	SUNCOR ENERGY INC NEW	Equity	N/A	N/A	N/A	236	9,413	9,138
	TENET HEALTHCARE CORP	Equity	N/A	N/A	N/A	136	18,074	18,292
	TKO GROUP HOLDINGS INC	Equity	N/A	N/A	N/A	195	28,298	29,798
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	N/A	31	15,120	16,236
	VISA INC CL A SHRS	Equity	N/A	N/A	N/A	254	80,107	89,017
	WELLS FARGO & CO	Equity	N/A	N/A	N/A	373	26,657	26,778
	WSTN DIGITAL CORP	Equity	N/A	N/A	N/A	282	14,271	11,401
	ZEBRA TECHNOLOGIES CRP A	Equity	N/A	N/A	N/A	37	14,509	10,455
	Total Common Stocks						1,502,650	1,648,600

District Council 37 Health and Benefit Fund

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

Plan #501 / EIN: 13-2659322

March 31, 2025

(a)	(b)	(c)				(d)	(e)		
		Description of investment							
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value	
	Mutual Funds:								
	Bondbloxx ETF	Mutual Fund	N/A	N/A	N/A	7,819	\$ 362,176	\$ 364,131	
	Invesco S and P 500	Mutual Fund	N/A	N/A	N/A	1,095	104,888	101,321	
	iShares Flexible	Mutual Fund	N/A	N/A	N/A	6,846	355,278	358,594	
	iShares Convertible Bond	Mutual Fund	N/A	N/A	N/A	1,235	106,029	103,258	
	iShares S&P 500 Value	Mutual Fund	N/A	N/A	N/A	735	140,648	140,076	
	iShares TR MSCI EAFE	Mutual Fund	N/A	N/A	N/A	6,785	434,458	471,886	
	iShares US Equity FAC	Mutual Fund	N/A	N/A	N/A	4,178	217,422	203,719	
	iShares MBS ETF	Mutual Fund	N/A	N/A	N/A	5,417	494,697	508,006	
	iShares JP Morgan EM BON	Mutual Fund	N/A	N/A	N/A	1,582	142,035	143,313	
	iShares US Technology	Mutual Fund	N/A	N/A	N/A	463	74,803	65,024	
	iShares S&P 500	Mutual Fund	N/A	N/A	N/A	2,500	257,452	232,075	
	iShares Edge MSCI	Mutual Fund	N/A	N/A	N/A	797	143,209	136,199	
	iShares Inc Core MSCI	Mutual Fund	N/A	N/A	N/A	2,653	140,927	143,183	
	iShares High Yield	Mutual Fund	N/A	N/A	N/A	1,515	70,960	71,341	
	iShares Inc MSCI	Mutual Fund	N/A	N/A	N/A	1,953	109,126	107,591	
	iShares Core Total Bond	Mutual Fund	N/A	N/A	N/A	7,078	319,305	326,154	
	World Gold TR SHS SPDR	Mutual Fund	N/A	N/A	N/A	2,546	137,704	157,572	
	Total Mutual Funds							3,611,117	3,633,443
	Short-term Investment Funds:								
	ML Bank Deposit Program	Money Fund	N/A	Variable	N/A	257,658	\$ 257,658	\$ 257,658	
	Total Short-term Investment Funds							257,658	257,658
	Total Investments							<u>\$ 6,905,249</u>	<u>\$ 7,100,901</u>

District Council 37 Health and Benefit Fund
 Schedule H, Line 4j – Schedule of Reportable Transactions
 Plan #501 / EIN: 13-2659322
 March 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets						
ML Bank Deposit Program	\$ 494,826	\$ -	\$ 494,826	\$ 494,826	\$ -	
ML Bank Deposit Program	-	493,580	493,580	493,580	-	
Blackrock Allocation Target Series	-	1,105,229	1,245,791	1,105,229	(140,562)	

District Council 37 Health and Benefit Fund

Schedule of Benefits Paid
March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
HEALTH CLAIMS		
Hospital and major medical	\$ 5,420,767	\$ 7,670,981
Prescription drug	1,407,632	1,039,211
Dental	122,758	76,126
Optical	3,755	5,020
	<hr/>	<hr/>
Total health claims paid	6,954,912	8,791,338
INSURANCE PREMIUMS		
Life insurance	17,643	36,203
Stop loss insurance	439,622	286,169
	<hr/>	<hr/>
Total insurance premiums	457,265	322,372
	<hr/>	<hr/>
TOTAL BENEFITS PAID	<u>\$ 7,412,177</u>	<u>\$ 9,113,710</u>

District Council 37 Health and Benefit Fund

Schedules of Administrative Expenses

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Health claims administration	\$ 172,492	\$ 167,434
Payroll	185,595	213,269
Payroll taxes	14,357	15,641
Employee benefits	30,320	26,652
Rent and utilities	149,434	128,031
Computer expenses	117,904	47,168
Insurance	12,845	22,256
Office supplies and expenses	6,272	11,276
Payroll processing	6,645	6,342
Equipment rental	3,019	4,329
Telephone	192	4,721
Postage and delivery	637	634
Dues and subscriptions	1,352	2,935
Meetings and conferences	-	9
Depreciation and amortization	1,862	2,154
Accounting and audit fees	40,250	38,964
Bookkeeping	3,400	700
Legal fees	14,625	19,500
Actuarial consulting fees	24,000	46,000
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 785,201</u>	<u>\$ 758,015</u>

District Council 37 Health and Benefit Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 13-2659322
March 31, 2025

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
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MASTERCARD INC	Fixed Income	03/26/30	3.521%	N/A	34,000	31,818	32,348
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QUALCOMM INC	Fixed Income	05/20/27	3.312%	N/A	17,000	16,535	16,677
STATE STREET CORP	Fixed Income	11/21/29	5.474%	N/A	31,000	31,821	32,186
TARGET CORP	Fixed Income	04/15/35	5.021%	N/A	32,000	31,554	31,860
TOTAL CAPITAL INTL SA	Fixed Income	02/19/29	3.562%	N/A	35,000	33,411	33,947
TOYOTA MOTOR CREDIT CORP SER MTN GLB	Fixed Income	03/19/27	4.935%	N/A	31,000	31,245	31,407
UNITED HEALTH GROUP INC	Fixed Income	07/15/34	5.115%	N/A	62,000	61,173	62,420
Total Corporate Bonds						695,352	705,372

District Council 37 Health and Benefit Fund

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

Plan #501 / EIN: 13-2659322

March 31, 2025

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Common Stocks:							
ADVNC D MICRO D INC	Equity	N/A	N/A	N/A	223	\$ 27,058	\$ 22,911
AIR PRODUCTS & CHEM	Equity	N/A	N/A	N/A	150	43,828	44,238
ALPHABET INC SHS CL A	Equity	N/A	N/A	N/A	250	43,204	38,660
AMAZON COM INC COM	Equity	N/A	N/A	N/A	611	102,396	116,249
APPLE INC	Equity	N/A	N/A	N/A	235	42,915	52,201
APPROVIN CORP COM	Equity	N/A	N/A	N/A	68	20,890	18,018
BERKSHIRE HATAWAY INC	Equity	N/A	N/A	N/A	49	22,330	26,096
BOSTON SCIENTIFIC CORP	Equity	N/A	N/A	N/A	559	56,342	56,392
BROADCOM INC	Equity	N/A	N/A	N/A	258	35,837	43,197
CARDINAL HEALTH INC OHIO	Equity	N/A	N/A	N/A	511	54,498	70,400
CIENA CORP	Equity	N/A	N/A	N/A	685	59,348	41,395
CONOCOPHILLIPS	Equity	N/A	N/A	N/A	99	9,557	10,397
DISCOVER FINL SVCS	Equity	N/A	N/A	N/A	47	8,262	8,023
ELEVANCE HEALTH INC	Equity	N/A	N/A	N/A	69	26,136	30,012
ELI LILLY & CO	Equity	N/A	N/A	N/A	36	20,806	29,733
HESS CORP	Equity	N/A	N/A	N/A	182	26,845	29,071
HONEYWELL INTL INC DEL	Equity	N/A	N/A	N/A	44	10,145	9,317
HOWMET AEROSPACE INC	Equity	N/A	N/A	N/A	297	35,377	38,530
HUMANA INC	Equity	N/A	N/A	N/A	111	31,687	29,371
INTERCONTINENTAL EXCHANGE INC	Equity	N/A	N/A	N/A	341	46,912	58,822
JOHNSON CONTROLS INTER	Equity	N/A	N/A	N/A	547	42,016	43,820
JPMORGAN CHASE & CO	Equity	N/A	N/A	N/A	79	18,771	19,379
LVMH MOET HENNESSY ADR	Equity	N/A	N/A	N/A	198	27,121	24,526
MARVELL TECH INC	Equity	N/A	N/A	N/A	421	47,178	25,921
META PLATFORMS INC	Equity	N/A	N/A	N/A	153	83,039	88,183
MICRON TECHNOLOGY INC	Equity	N/A	N/A	N/A	270	26,305	23,460
MICROSOFT CORP	Equity	N/A	N/A	N/A	327	102,491	122,753
MR COOPER GROUP INC	Equity	N/A	N/A	N/A	395	42,238	47,242
NVIDIA	Equity	N/A	N/A	N/A	496	17,040	53,756
RTX CORP	Equity	N/A	N/A	N/A	76	5,623	10,067
S&P GLOBAL INC	Equity	N/A	N/A	N/A	125	59,101	63,512
SANOFI ADR	Equity	N/A	N/A	N/A	184	9,034	10,205
SHELL PLC	Equity	N/A	N/A	N/A	149	9,364	10,919
SONY GROUP CORP	Equity	N/A	N/A	N/A	826	17,455	20,972
SPOTIFY TECH SA REG	Equity	N/A	N/A	N/A	77	44,533	42,352
SS AND C TECHNOLOGIES HOLDINGS INC	Equity	N/A	N/A	N/A	687	20,519	57,385
SUNCOR ENERGY INC NEW	Equity	N/A	N/A	N/A	236	9,413	9,138
TENET HEALTHCARE CORP	Equity	N/A	N/A	N/A	136	18,074	18,292
TKO GROUP HOLDINGS INC	Equity	N/A	N/A	N/A	195	28,298	29,798
UNITEDHEALTH GROUP INC	Equity	N/A	N/A	N/A	31	15,120	16,236
VISA INC CL A SHRS	Equity	N/A	N/A	N/A	254	80,107	89,017
WELLS FARGO & CO	Equity	N/A	N/A	N/A	373	26,657	26,778
WSTN DIGITAL CORP	Equity	N/A	N/A	N/A	282	14,271	11,401
ZEBRA TECHNOLOGIES CRP A	Equity	N/A	N/A	N/A	37	14,509	10,455
Total Common Stocks						1,502,650	1,648,600

District Council 37 Health and Benefit Fund

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

Plan #501 / EIN: 13-2659322

March 31, 2025

(a)	(b)	(c)				(d)	(e)		
		Description of investment							
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value	
	Mutual Funds:								
	Bondbloxx ETF	Mutual Fund	N/A	N/A	N/A	7,819	\$ 362,176	\$ 364,131	
	Invesco S and P 500	Mutual Fund	N/A	N/A	N/A	1,095	104,888	101,321	
	iShares Flexible	Mutual Fund	N/A	N/A	N/A	6,846	355,278	358,594	
	iShares Convertible Bond	Mutual Fund	N/A	N/A	N/A	1,235	106,029	103,258	
	iShares S&P 500 Value	Mutual Fund	N/A	N/A	N/A	735	140,648	140,076	
	iShares TR MSCI EAFE	Mutual Fund	N/A	N/A	N/A	6,785	434,458	471,886	
	iShares US Equity FAC	Mutual Fund	N/A	N/A	N/A	4,178	217,422	203,719	
	iShares MBS ETF	Mutual Fund	N/A	N/A	N/A	5,417	494,697	508,006	
	iShares JP Morgan EM BON	Mutual Fund	N/A	N/A	N/A	1,582	142,035	143,313	
	iShares US Technology	Mutual Fund	N/A	N/A	N/A	463	74,803	65,024	
	iShares S&P 500	Mutual Fund	N/A	N/A	N/A	2,500	257,452	232,075	
	iShares Edge MSCI	Mutual Fund	N/A	N/A	N/A	797	143,209	136,199	
	iShares Inc Core MSCI	Mutual Fund	N/A	N/A	N/A	2,653	140,927	143,183	
	iShares High Yield	Mutual Fund	N/A	N/A	N/A	1,515	70,960	71,341	
	iShares Inc MSCI	Mutual Fund	N/A	N/A	N/A	1,953	109,126	107,591	
	iShares Core Total Bond	Mutual Fund	N/A	N/A	N/A	7,078	319,305	326,154	
	World Gold TR SHS SPDR	Mutual Fund	N/A	N/A	N/A	2,546	137,704	157,572	
	Total Mutual Funds							3,611,117	3,633,443
	Short-term Investment Funds:								
	ML Bank Deposit Program	Money Fund	N/A	Variable	N/A	257,658	\$ 257,658	\$ 257,658	
	Total Short-term Investment Funds							257,658	257,658
	Total Investments							<u>\$ 6,905,249</u>	<u>\$ 7,100,901</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

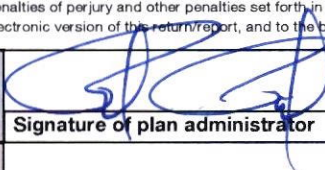
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan DISTRICT COUNCIL 37 HEALTH AND BENEFIT FUND	1b Three-digit plan number (PN) ▶ 501
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) DISTRICT COUNCIL 37 HEALTH AND BENEFIT F 420 WEST 45TH STREET NEW YORK NY 10036	1c Effective date of plan 03/30/1970 2b Employer Identification Number (EIN) 13-2659322 2c Plan Sponsor's telephone number 212-334-0096 2d Business code (see instructions) 624100

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 the return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		01/15/2026	RANDY PAUL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	500
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	486
a(2) Total number of active participants at the end of the plan year	6a(2)	438
b Retired or separated participants receiving benefits	6b	16
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	454
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	11

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 4U

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

District Council 37 Health and Benefit Fund
 Schedule H, Line 4j – Schedule of Reportable Transactions
 Plan #501 / EIN: 13-2659322
 March 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets						
ML Bank Deposit Program	\$ 494,826	\$ -	\$ 494,826	\$ 494,826	\$ -	
ML Bank Deposit Program	-	493,580	493,580	493,580	-	
Blackrock Allocation Target Series	-	1,105,229	1,245,791	1,105,229	(140,562)	