

<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>
---	---	--

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST</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 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST</u></p> <p><u>125 BARCLAY STREET</u> <u>NEW YORK, NY 10007-2233</u></p>	<p>1c Effective date of plan <u>01/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>13-3075750</u></p> <p>2c Plan Sponsor's telephone number <u>212-815-1305</u></p> <p>2d Business code (see instructions) <u>712100</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.	03/05/2026	LEONARD 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 type="checkbox"/> Same as Plan Sponsor DISTRICT COUNCIL 37 BENEFIT FUND TRUST 125 BARCLAY STREET NEW YORK, NY 10007	3b Administrator's EIN 13-2988369
	3c Administrator's telephone number 212-815-1305

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	3257
---	----------	------

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)	2072
a(2) Total number of active participants at the end of the plan year	6a(2)	2066
b Retired or separated participants receiving benefits.....	6b	1186
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3252
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)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
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	
--	----------	--

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 4D 4E 4F 4L 4Q

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST	D Employer Identification Number (EIN) 13-3075750	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISTRICT COUNCIL BENEFIT FUND TRUST

13-2988369

(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	406002	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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	57240	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)

PKF O'CONNOR DAVIES, LLP

27-1728945

(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	35425	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)

MICHAEL GOLDEN

45-4391954

(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	35000	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)

INVESCO

76-0387151

(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	NONE	28801	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17986	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)

SEGAL MARCO ADVISORS

13-2626110

(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?
27	NONE	25575	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST</u>	D Employer Identification Number (EIN) <u>13-3075750</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW CORE BOND VEBA FUND</u>	b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>	
c EIN-PN <u>20-1200740-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13421203</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LG CAP 500 INDEX VEBA FUND</u>	b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK EQUITY I</u>	
c EIN-PN <u>20-1200740-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4354366</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT COUNCIL 37 CULTURAL INSTITUTIONS HEALTH & SECURITY PLAN TRUST	D Employer Identification Number (EIN) 13-3075750

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
a Total noninterest-bearing cash	1a	735	202
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	432344	471719
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	141467	129825
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	670574	810345
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	15759570	17775569
(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)	2684373	2917149
(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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19689063	22104809
Liabilities			
g Benefit claims payable.....	1g	138000	124000
h Operating payables.....	1h	46416	36740
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	307216	432126
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	491632	592866
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19197431	21511943

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)	6111250	
(B) Participants.....	2a(1)(B)	2837	
(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)		6114087
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	48648	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	88	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48736
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	313071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		313071
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1315912
(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)		-251496
c Other income	2c		607945
d Total income. Add all income amounts in column (b) and enter total	2d		8148255

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5593111	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5593111
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)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	23582	
(4) IQPA audit fees	2i(4)	35425	
(5) Investment advisory and investment management fees	2i(5)	73887	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	57240	
(8) Legal fees	2i(8)	35000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	15498	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		240632
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5833743

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2314512
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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**District Council 37
Cultural Institutions
Health and Security Plan Trust**

Financial Statements

June 30, 2025 and 2024



Independent Auditors' Report

The Board of Trustees District Council 37 Cultural Institutions Health and Security Plan Trust

Opinion

We have audited the accompanying financial statements of District Council 37 Cultural Institutions Health and Security Plan Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and changes in its net assets available for benefits and changes in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2025 and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended June 30, 2025, together referred to as “supplementary information”, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

PKF O'Connor Davies, LLP

March 5, 2026

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Statements of Net Assets Available for Benefits

	June 30	
	2025	2024
ASSETS		
Investments, at Fair Value		
Common/collective trusts	\$ 17,775,569	\$ 15,759,570
Mutual fund	2,917,149	2,684,373
Money market fund	810,345	670,574
Total Investments, at Fair Value	21,503,063	19,114,517
Receivables		
Employers' contributions	471,719	432,344
Drug rebates receivable	129,825	141,467
Total Receivables	601,544	573,811
Non-interest bearing cash	202	735
Total Assets	22,104,809	19,689,063
LIABILITIES		
Accrued expenses	36,740	46,416
Benefit Claims Payable		
District Council 37 Benefits Fund Trust	432,126	307,216
Total Liabilities	468,866	353,632
Net Assets Available for Benefits	\$ 21,635,943	\$ 19,335,431

See notes to the financial statements

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Statements of Changes in
Net Assets Available for Benefits

	Year Ended	
	June 30	
	2025	2024
ADDITIONS		
Contributions		
Employers	\$ 6,111,250	\$ 5,958,956
Drug rebates	594,519	318,099
Medicare Part D	13,426	33,688
Participants - Cobra continuation coverage	2,837	2,292
Total Contributions	6,722,032	6,313,035
Investment Income		
Net appreciation in fair value of investments	1,064,416	1,214,418
Interest income	361,807	167,267
	1,426,223	1,381,685
Less investment expenses	46,787	41,631
Net Investment Income	1,379,436	1,340,054
Total Additions	8,101,468	7,653,089
DEDUCTIONS		
Benefits Paid to Participants		
Health and other welfare benefits	2,608,535	2,352,282
Retired participants' health and other welfare benefits	2,960,576	2,876,642
Death benefits	38,000	68,333
Total Benefits Paid to Participants	5,607,111	5,297,257
Administrative expenses	193,845	202,025
Total Deductions	5,800,956	5,499,282
Net Increase	2,300,512	2,153,807
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	19,335,431	17,181,624
End of year	\$ 21,635,943	\$ 19,335,431

See notes to the financial statements

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Statements of Benefit Obligations

	June 30	
	2025	2024
BENEFIT CLAIMS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Benefits claims payable	\$ 117,000	\$ 126,000
Death benefits payable	7,000	12,000
Total Benefit Claims Currently Payable	124,000	138,000
 POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Retired participants	52,997,019	37,908,262
Actives fully eligible to retire	35,522,858	25,119,328
Actives not yet eligible to retire	19,943,358	13,983,121
Total Postretirement Benefit Obligations	108,463,235	77,010,711
Total Benefit Obligations	\$ 108,587,235	\$ 77,148,711

See notes to the financial statements

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Statements of Changes in Benefit Obligations

	Year Ended	
	June 30	
	2025	2024
BENEFIT CLAIMS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Balance at beginning of year	\$ 138,000	\$ 163,000
Increase (decrease) during the year attributed to:		
Health claims incurred	(9,000)	(27,000)
Death benefit	(5,000)	2,000
Balance at End of Year	124,000	138,000
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	77,010,711	73,017,431
Increase (decrease) in postretirement benefits attributable to:		
Service and interest cost	6,419,725	5,488,029
Actuarial calculation of benefits paid	(2,874,339)	(2,605,974)
Change in actuarial assumption	14,267,582	(4,191,911)
Actuarial experience loss	13,639,556	5,303,136
Balance at End of Year	108,463,235	77,010,711
 Total Benefit Obligations at End of Year	 \$ 108,587,235	 \$ 77,148,711

See notes to the financial statements

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

1. Description of the Plan

The following description of the District Council 37 Cultural Institutions Health and Security Plan Trust (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer plan, providing health, death and other self-insured welfare benefits to covered members pursuant to the relevant collective bargaining agreements between participating cultural institutions and District Council 37 of the American Federation of State, County and Municipal Employees and its affiliated local unions. The Plan is maintained by an employee-benefit trust known as the District Council 37 Benefits Fund Trust, which was established for the purpose of receiving contributions from participating employers and providing welfare benefits for the relevant employees on whose behalf these payments are made. The Plan is managed by a joint employer and union Board of Trustees, with each group having an equal vote. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Census

According to the records of the Plan, the employment status of participants is as follows:

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
Active	2,066	2,072
Retired	1,186	1,185

Summary of Benefits

The Plan provides health and security benefits covering each full-time per annum employee working in an eligible job title, after the employer begins making contributions on his or her behalf. The Plan also provides benefits to eligible dependents and retirees.

The Plan has engaged the District Council 37 Health and Security Plan Trust to serve as the Plan's contract administrator and pays the contract administrator a set fee for this service (see note 9). The Plan provides, through self-insurance, the following health and security benefits: dental, disability, death, prescription drugs, optical and catastrophic medical benefits. Medicare-eligible retirees and their eligible dependents are automatically enrolled in the District Council 37 Medicare Part D Retiree Plan, which is insured by Aetna. The Plan also provides the following service benefits to its participants: second surgical consultation, social service crisis intervention, health and pension counseling, audiology, municipal employees legal service (MELS) and education benefits for a set fee. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

1. Description of the Plan (continued)

Summary of Benefits (continued)

The Plan utilizes a pharmacy benefit manager (“PBM”). The Plan receives rebates based on the Plan’s actual utilization pattern of specific drugs.

The Trustees determine what amount, if any, should be reimbursed for Medicare Part B premiums for the payment year at the first meeting of the Board of Trustees following the close of the second fiscal year. The amount of the reimbursement shall be based on the financial conditions of the Plan. For the years ended June 30, 2025 and June 30, 2024, the Plan recorded reimbursements totaling \$941,771 and \$811,906 for 2022 and 2021 calendar year Medicare Part B premiums, respectively (see note 6). The Trustees approved 100% reimbursement of Medicare Part B premiums for 2024 and 2023 calendar years to be reimbursed by December 31, 2025.

Contributions

The Plan receives contributions from participating cultural institutions pursuant to the terms of relevant collective bargaining agreements. While the terms of the particular collective bargaining agreements may vary from institution to institution, their contributions to the Plan are substantially identical. The employers' contribution rate is determined through collective bargaining. Effective May 26, 2023, the annual rate per participant is to \$1,875.

Termination of Plan

In the event of a Plan termination, the Plan’s trust agreement requires the Trustees to apply the Plan assets to fund the Plan benefits through the purchase of insurance contracts or, in a manner consistent with the requirements provided by ERISA.

2. Summary of Significant Accounting Policies

Basis of Presentation and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”), which requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations, and changes therein, disclosure of contingent assets and liabilities and the reported amounts of revenue and expenses during the period. Accordingly, actual results could differ from those estimates.

Allowance for Uncollectible Receivables

An allowance for uncollectible receivables is estimated based on a combination of write-off history, aging analysis and any specific known troubled accounts. At June 30, 2025 and 2024, management has concluded that an allowance is not required.

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits and Benefit Claims Currently Payable

Claim payments are recorded when paid. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as benefit claims payable on the statements of net assets available for benefits. Plan liabilities for health claims incurred but not reported and estimated future death benefits are estimated by the Plan's actuary in accordance with accepted actuarial principles on the statements of benefit obligations.

Prescription Drug Rebate Settlement

In June 2025, the Plan received approximately \$323,000 in cash related to an OptumRx settlement. The remittance represents the Plan's allocated share of a broader settlement administered by the DC 37 Health & Security Plan and relates to prescription drug activity through December 31, 2024. The allocation was based upon June 2024 enrollment counts. The Plan recorded the amount with contributions for drug rebates for the year June 30, 2025, and no receivable remained outstanding at June 30, 2025.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist. Investments where fair value is measured using Net Asset Value ("NAV") per share as a practical expedient are not categorized within the fair value hierarchy.

Investment Valuation and Income Recognition

All investments of the Plan are stated at fair value. The common/collective trusts are valued at the NAV of units held by the Plan. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less the liabilities and account level fees. The practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. The money market fund and mutual fund held by the Plan are valued at fair value based on the daily closing price as reported by the fund. The funds are open-ended and registered with the Securities and Exchange Commission and are required to publish their daily NAV and to transact at that price.

The Plan's investments are invested by an investment manager in accordance with the specific direction and policy of the Trustees.

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is reported on the accrual basis. Realized and unrealized gains and losses are included in the determination of the change in net assets available for benefits. Certain investment related expenses are included in net appreciation of fair value of investments.

Risk Concentration

The Plan places its cash and temporary investments with financial institutions, which at times may be in excess of Federally insured limits. The Plan has not experienced any losses on its cash deposits.

Postretirement Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributable to employee service rendered through June 30, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents 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 historical claims-cost data to estimate future annual incurred claims 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, the annual healthcare claims are projected to subsequent years using healthcare trends and aging assumptions where appropriate. The assumed trend rates were 4.5% and 24.4% for pre-Medicare prescription drug and Medicare Employer Group Waiver Plan prescription drug, respectively. The assumed trend rates for costs were 4.0% per year for dental and vision benefits, 0.0% for other benefits and 3.1% for operating expenses. Administrative expense load was assumed to be 11.22% on total claim costs.

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Postretirement Benefit Obligation (continued)

The following were other significant assumptions used in the valuations as of June 30, 2025:

Weighted-average discount rate	5.50%
Retirement rates	Rates vary by age and institution
Mortality	Pri-2012 Total Dataset Sex-District Employee/Retiree Mortality Tables with Generational Projection Using Scale MP-2021
Termination rate	Rates vary by age, length of service and institution

The methods and assumptions used in the current year valuation are the same as those used in the prior year valuation except for: (1) the discount rate was updated from 5.35% to 5.50%; (2) the per capita costs were updated to reflect more recent experience; (3) the trends were updated based on more recent experience and expectations; and (4) the removal of the assumption regarding age and gender related to morbidity associated with the Employer Group Waiver Plan ("EGWP") which were previously adjusted for gender.

The expected first year retiree benefit payments were \$3,531,486 and \$2,874,339 as of June 30, 2025 and 2024.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is March 5, 2026.

3. Benefit Obligations

The Plan's deficiency of benefit obligations over net assets of \$87.0 million and \$57.9 million at June 30, 2025 and 2024 relates primarily to the postretirement benefit obligation; the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. The Plan is dependent upon contributions from participating employers to fund such benefit obligations.

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

3. Benefit Obligations (continued)

The increase in the benefit obligation was primarily caused by changes in trends, updated based on more recent experience and expectations, the renewal of the EGWP premiums rates for calendar years 2025 and 2026, and the removal of the assumption regarding age and gender related to morbidity associated with EGWP.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed health care trend rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2025 and 2024 by \$16,654,582 and \$11,392,954.

4. Income Tax Status

The Plan has received a favorable determination letter dated July 7, 1981, from the Internal Revenue Service regarding the Plan's compliance with Section 302(c) of the Labor Management Relations Act in a manner that qualifies it as exempt from income taxation in accordance with Section 501(c)(9) of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions for periods since 2022; however, there are currently no examinations for any tax periods in progress.

5. Investments

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of June 30:

	Level 1	2025 Other Investments Measured at NAV*	Total
Common/Collective Trusts:			
Longview Core Bond VEBA Fund	\$ -	\$ 13,421,204	\$ 13,421,204
Longview LargeCap 500 Index VEBA Fund	-	4,354,365	4,354,365
Mutual Fund:			
Invesco Balanced-Risk Allocation Fund	2,917,149	-	2,917,149
Money Market Fund:			
Dreyfus Government Cash Management	810,345	-	810,345
	<u>\$ 3,727,494</u>	<u>\$ 17,775,569</u>	<u>\$ 21,503,063</u>

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

5. Investments (continued)

	2024		
	Level 1	Other Investments Measured at NAV*	Total
Common/Collective Trusts:			
Longview Core Bond VEBA Fund	\$ -	\$ 11,977,523	\$ 11,977,523
Longview LargeCap 500 Index VEBA Fund	-	3,782,047	3,782,047
Mutual Fund:			
Invesco Balanced-Risk Allocation Fund	2,684,373	-	2,684,373
Money Market Fund:			
Dreyfus Government Cash Management	670,574	-	670,574
	<u>\$ 3,354,947</u>	<u>\$ 15,759,570</u>	<u>\$ 19,114,517</u>

(*) As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

During 2025 and 2024, there were no transfers between levels 1, 2 or 3 of the fair value hierarchy.

The NAV for the Longview LargeCap 500 Index VEBA Fund and the Longview Core Bond VEBA Fund are determined at the close of each business day and admissions and withdrawals are made at the option of Amalgamated Bank. There are no unfunded commitments.

6. Benefits Paid to Participants

The following is the detail of benefits paid to participants for the years ended June 30:

	2025	2024
Medicare Part B premium reimbursements	\$ 941,771	\$ 811,906
Dental	1,192,120	947,901
Disability	102,943	53,286
Death	38,000	68,333
Prescription drugs	2,421,341	2,542,061
Optical	44,153	15,456
Education benefits	115,195	111,314
Legal	275,718	271,511
Other benefits: second surgical, social service crisis intervention, health and pension counseling, audiology, etc.	69,868	68,536
Administrative fees		
District Council 37 Health and Security Plan Trust	406,002	406,953
Total Benefit Claims Paid	<u>\$ 5,607,111</u>	<u>\$ 5,297,257</u>

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

7. Administrative Expenses

The following is the detail of administrative expenses for the years ended June 30:

	2025	2024
Actuarial fees	\$ 57,240	\$ 57,240
Accounting fees	35,425	37,125
Legal fees	35,000	32,000
Investment advisory fees	25,575	25,150
PCORI fee	14,100	13,199
Liability insurance	8,556	6,478
Conference	2,120	16,088
Postage and mail	5,003	1,244
Stationery and printing	6,226	8,464
Miscellaneous	4,600	5,037
Total Administrative Expenses	\$ 193,845	\$ 202,025

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 at June 30:

	2025	2024
Net assets available for benefits per the financial statements	\$ 21,635,943	\$ 19,335,431
Benefit claims currently payable (health claims, death benefits)	(124,000)	(138,000)
Net Assets Available for Benefits per Form 5500	\$ 21,511,943	\$ 19,197,431

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of benefits paid to participants (including administrator fees) per the financial statements to the Form 5500 for the years ended June 30:

	2025	2024
Benefits paid to participants per the financial statements	\$ 5,607,111	\$ 5,297,257
Add benefit claims currently payable at end of year	124,000	138,000
Less benefit claims currently payable at beginning of year	(138,000)	(163,000)
Benefits paid to participants per Form 5500	\$ 5,593,111	\$ 5,272,257

Amounts currently payable to or for participants, dependents, and beneficiaries for benefit claims that were incurred prior to June 30, but not yet paid as of that date are recorded as part of benefits paid to participant on the Form 5500.

9. Related Party Transactions

The Plan is related to other employee benefit funds (the “Funds”) through substantially identical membership. The Plan contracts for administrative services from one of these Funds, District Council 37 Health and Security Plan Trust. During the years ended June 30, 2025 and 2024, administrative services were charged to the Plan based on certain fixed charges and a percentage of claims paid which amounted to \$406,002 and \$406,953. These amounts are included in benefits paid to participants on the statements of changes in net assets available for benefits.

10. Transactions with Parties-in-Interest

Amalgamated Bank is the custodian of the Plan’s investments. Invesco Advisers, Inc. serves as the investment adviser for the Invesco Balanced-Risk Allocation Fund. The investment fees of \$46,787 in 2025 and \$41,631 in 2024 paid to Amalgamated Bank and Invesco Advisers, Inc. are exempt party-in-interest transactions under ERISA.

11. Concentrations

The Plan received approximately 74% of the employer contributions from three institutions for the years ended June 30, 2025 and 2024. Employer contributions receivable from three institutions accounted for approximately 81% of the Plan’s total contributions receivable at June 30, 2025 and 2024.

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Notes to the Financial Statements
June 30, 2025 and 2024

12. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the Plan's investments 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 rate, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

Global and domestic economic uncertainty has resulted in substantial volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to June 30, 2025 are not reflected in these financial statements and future effects on the employer's contributions and the Plan's net assets available for benefits cannot be predicted.

* * * * *

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 07/01/2024 and ending 06/30/2025

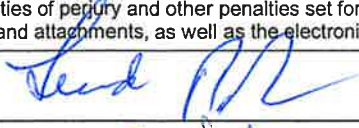

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final 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

1a Name of plan District Council 37 Cultural Institutions Health & Security Plan Trust	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/01/1980
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 Cultural Institutions Health & Security Plan Trust 125 Barclay Street New York NY 10007-2233	2b Employer Identification Number (EIN)	13-3075750
	2c Plan Sponsor's telephone number	212-815-1305
	2d Business code (see instructions)	712100

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		3/5/2026	LEONARD PAUL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/5/22	WILLIAM BIFULCO
	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 type="checkbox"/> Same as Plan Sponsor District Council 37 Benefit Fund Trust 125 Barclay Street New York NY 10007	3b Administrator's EIN 13-2988369 3c Administrator's telephone number 212-815-1305
--	---

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	3,257
---	----------	-------

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) 2,072
a(2) Total number of active participants at the end of the plan year	6a(2) 2,066
b Retired or separated participants receiving benefits	6b 1,186
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,252
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)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
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
--	----------

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 4D 4E 4F 4L 4Q

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 type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

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

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 Cultural Institutions
Health and Security Plan Trust**

Schedule Pursuant to Department of Labor Requirements
For the Year Ended June 30, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-3075750
Plan #: 501

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>(1) - Single Security Transactions</u>								
No transactions qualify for this section								
<u>(2) - Series of Transactions with Same Broker</u>								
No transactions qualify for this section								
<u>(3) - Series of Securities Transactions</u>								
Amalgamated Bank	Dreyfus Government Cash Management	\$ 6,396,547	\$ -	\$ -	\$ -	\$ 6,396,547	\$ 6,396,547	\$ -
Amalgamated Bank	Dreyfus Government Cash Management	-	6,321,953	-	-	6,321,953	6,321,953	-

(4) - Single transaction with One Broker

No transactions qualify for this section

See independent auditors' report

**District Council 37
Cultural Institutions
Health and Security Plan Trust**

Supplementary Schedules

**District Council 37 Cultural Institutions
Health and Security Plan Trust**

Schedule Pursuant to Department of Labor Requirements
June 30, 2025

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

**EIN #: 13-3075750
Plan #: 501**

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
COMMON/COLLECTIVE TRUSTS				
*	Amalgamated Bank	Longview Core Bond VEBA Fund	\$ 11,124,088	\$ 13,421,204
*	Amalgamated Bank	Longview LargeCap 500 Index VEBA Fund	<u>1,079,209</u>	<u>4,354,365</u>
	Total Common/Collective Trusts		<u>12,203,297</u>	<u>17,775,569</u>
MUTUAL FUND				
*	Invesco Advisers, Inc.	Invesco Balanced-Risk Allocation Fund	3,441,212	2,917,149
MONEY MARKET FUND				
*	Amalgamated Bank	Dreyfus Government Cash Management	<u>810,345</u>	<u>810,345</u>
			<u>\$ 16,454,854</u>	<u>\$ 21,503,063</u>

* - Denotes a party-in-interest as defined by ERISA.

See independent auditors' report