

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

**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><b>1a</b> Name of plan <u>LOCAL 804 WELFARE TRUST FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</u></p> <p><u>44 S. BAYLES AVENUE, SUITE 302</u>                      <u>44 S. BAYLES AVENUE, SUITE 302</u> <u>PORT WASHINGTON, NY 11050-3765</u>                      <u>PORT WASHINGTON, NY 11050-3765</u></p>	<p><b>1c</b> Effective date of plan <u>12/15/1950</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>11-1637886</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>718-786-5410</u></p> <p><b>2d</b> Business code (see instructions) <u>484110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/12/2026	MARC PANTELEONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/11/2026	CHRIS LANGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5724
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	4955
	<b>6a(2)</b>	4955
	<b>6b</b>	769
	<b>6c</b>	
	<b>6d</b>	5724
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	4

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

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

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

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

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

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

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

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>LOCAL 804 WELFARE TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>11-1637886</b></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  
**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	270D55	4993	06/01/2024	05/31/2025

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**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) ▶ PAID FAMILY LEAVE

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2210727
<b>b</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. ....	<b>10b</b>	

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.**

▶ 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 **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>LOCAL 804 WELFARE TRUST FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>11-1637886</b>

**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>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
13-5501223	60216	260B88	11318	06/01/2024	05/31/2025

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	263669
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>LOCAL 804 WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1637886</b>	

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

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

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

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

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

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

**BNY MELLON**

**25-6078093**

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

**SEGAL SELECT INSURANCE SERVICES INC**

**46-0619194**

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

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

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

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

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

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

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

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

ANTHEM BLUE CROSS

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	2250699	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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	ACTUARY FOR RELATED PLAN	582675	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)

COMPREHENSIVE HEALTHCARE SYSTEMS

47-4496373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	IT CONSULT-RELATED PLANS	439958	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)

NEW YORK MEDICAL MANAGEMENT, INC.

11-3274214

(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?
70	REL'D TO HEALTH PLAN SYS	439335	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)

PROSKAUER ROSE, LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	COUNSEL FOR RELATED PLANS	296068	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)

EXPRESS SCRIPTS (AKA EVERNORTH)

43-1420563

(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	NONE	267413	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)

MARC PANTELEONE

11-1637886

(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	EMPLOYEE	245959	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)

MAGGIE WU

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	238679	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)

JAMES PANTELEONE

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	179403	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)

TEAMSTER CENTER SERVICES FUND

13-1964856

(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?
70	NONE	149558	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)

CHRISTINE NICOLETTI

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145184	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)

COHEN, WEISS AND SIMON LLP

13-1592323

(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	COUNSEL FOR RELATED PLAN	135606	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)

CELIA LIAW

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129846	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)

DOROTHY LUBERA

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108794	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)

ANWAR ZAIDI

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106315	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)

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR FOR RELATED PLANS	104876	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)

JAMES SOLIWODA

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	101413	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)

CONCEPCION ACEVEDO

11-1637886

(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?
	EMPLOYEE	98236	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)

LISA ROSA

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97509	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)

BARKSDALE INVESTMENT MANAGEMENT

62-1217255

(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	96845	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)

JANINA JONES

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91926	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)

NANCY ROSAS

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87013	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)

MEAGAN ADRIAN-IRIZARRY

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80089	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)

JEANETTE BROWN

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79314	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)

ANTHONY SCULLY

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79179	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)

DR. ASHER MANSDORF

858 BRYANT STREET  
WOODMERE, NY 11598

(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?
70	NONE	60000	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?
	PLAN CUSTODIAN	45878	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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)

PAMELA GARCIA

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45543	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)

LUBOA LIZA LEI

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45338	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)

KATHERINE CANDO

11-1637886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42708	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)

ELISHA RICHARDS

11-1637886

(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?
	EMPLOYEE	41720	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)

MORGAN STANLEY GRAYSTONE

26-4310632

(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?
	NONE	38944	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)

DR. FREDERICK M. TUCCI

62 BACON ROAD  
OLD WESTBURY, NY 11568-1503

(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?
70	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"/>

**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)

NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28 68	NONE	10712	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

(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
SEGAL SELECT INSURANCE SERVICE INC.	53	8873
(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.	
CHUBB  13-1963496	202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889	INSURANCE BROKERAGE COMMISSIONS AND FEES
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICE INC.	53	1700
(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.	
RLI INSURANCE  37-0915434	9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615	INSURANCE BROKERAGE COMMISSIONS AND FEES
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICE INC.	53	2126
(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.	
TRAVELERS  06-0566090	501 BOYLSTON STREET BOSTON, MA 02116	INSURANCE BROKERAGE

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>LOCAL 804 WELFARE TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>11-1637886</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON EAFE INDEX FUND NL

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

<b>c</b> EIN-PN <u>45-6626196-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11760268</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON AFL-CIO CF SL STOCK IDX

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN <u>84-7064589-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5542939</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>LOCAL 804 WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1637886</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1033826	1045820
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	10943583	11260743
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	5539449	9923800
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3766261	15687399
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	62421468	47278418
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	8466830	9227507
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	15465153	9699329
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	13934888	13741287
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	15305074	17303207
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15026848	15614874
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	255550	487449
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	152158930	151269833
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	21566300	23509500
<b>h</b> Operating payables.....	<b>1h</b>	326038	504420
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1237285	2558640
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	23129623	26572560
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	129029307	124697273

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	135271112	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2907795	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		138178907
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	273877	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	2185993	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1036409	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3496279
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	848842	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		848842
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	63527376	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	67213437	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-3686061
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	3944040	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1714553
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		588027
<b>c</b> Other income .....	<b>2c</b>		1371873
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		146456460

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	141499410	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	925751	
(3) Other .....	<b>2e(3)</b>	149558	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		142574719
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	2795527	
(2) Contract administrator fees .....	<b>2i(2)</b>	2518112	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	104876	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	196042	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	582675	
(8) Legal fees .....	<b>2i(8)</b>	431674	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1584869	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		8213775
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		150788494

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-4332034
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: WEAVER AND TIDWELL, L.L.P.

(2) EIN: 75-0786316

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

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

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

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

# Local 804 Welfare Trust Fund

Financial Report

May 31, 2025



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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  
Local 804 Welfare Trust Fund

### ***Opinion***

We have audited the financial statements of Local 804 Welfare Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of May 31, 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 accompanying financial statements present fairly, in all material respects, information regarding the Plan's net assets available for benefits and benefit obligations as of May 31, 2025 and 2024, and the changes in 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 (US GAAP).

### ***Basis for Opinion***

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

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

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

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

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

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

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

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

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

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

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

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

The Board of Trustees  
Local 804 Welfare Trust Fund

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

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

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

WEAVER AND TIDWELL, L.L.P.

New York, New York  
March 13, 2026

## Local 804 Welfare Trust Fund

### Statements of Net Assets Available for Benefits and Benefit Obligations May 31, 2025 and 2024

	2025	2024
<b>ASSETS</b>		
Investments, at fair value		
U.S. government and government agencies	\$ 47,278,418	\$ 62,421,468
Corporate bonds	18,926,836	23,931,983
Common collective trusts	17,303,207	15,305,074
Exchange-traded fund	15,614,874	15,026,848
Limited partnership	13,741,287	13,934,888
Short-term investment fund	12,182,158	2,530,990
	125,046,780	133,151,251
Receivables		
Employers' contributions	11,260,743	10,943,583
Accrued interest and dividends	588,673	574,554
Due from broker for securities sold	1,491,701	-
Due from Local 804 Annuity Fund	126,851	171,908
Due from Local 804 Pension Fund	16,804	13,348
Prescription drug rebates	6,777,599	3,824,466
	20,262,371	15,527,859
Cash and cash equivalents		
Operating accounts	1,045,820	1,033,826
Money market accounts	3,505,241	1,235,271
	4,551,061	2,269,097
<b>OTHER ASSETS</b>		
Right-of-use asset - operating lease	803,613	891,705
Prepaid expenses	118,559	63,468
	922,172	955,173
Property assets, net of accumulated depreciation of \$437,018 and \$3,598,008 for 2025 and 2024, respectively	487,449	255,550
	487,449	255,550
<b>TOTAL ASSETS</b>	<b>\$ 151,269,833</b>	<b>\$ 152,158,930</b>

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

	<b>2025</b>	<b>2024</b>
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 504,420	\$ 326,038
Lease liability - operating lease	832,252	908,844
Due to broker for securities purchased	1,395,886	-
Deferred contribution income - retired participants	330,502	328,441
Total liabilities	<u>3,063,060</u>	<u>1,563,323</u>
Net assets available for benefits	148,206,773	150,595,607
<b>BENEFIT OBLIGATIONS</b>		
Health claims payable	22,381,363	21,154,889
Other obligations for current benefit coverage		
Estimated health claims incurred but not reported and unpaid claims	<u>1,128,137</u>	<u>411,411</u>
Total obligations other than postretirement benefit obligations	23,509,500	21,566,300
Postretirement benefit obligations, net of projected retiree contributions of \$24,118,255 and \$24,731,585 for 2025 and 2024, respectively		
Current retirees, beneficiaries and dependents	146,429,948	166,505,123
Other participants fully eligible for benefits	156,961,750	124,958,483
Other participants not yet fully eligible for benefits	<u>276,684,125</u>	<u>266,904,607</u>
Total postretirement benefit obligations	<u>580,075,823</u>	<u>558,368,213</u>
Total benefit obligations	<u>603,585,323</u>	<u>579,934,513</u>
<b>(EXCESS) OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ (455,378,550)</u>	<u>\$ (429,338,906)</u>

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

## Local 804 Welfare Trust Fund

### Statements of Changes in Net Assets Available for Benefits and Changes in Benefit Obligations Years Ended May 31, 2025 and 2024

	2025	2024
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 2,560,559	\$ (1,125,551)
Interest and dividends	5,058,890	5,182,146
	7,619,449	4,056,595
Less: investment expenses	196,042	213,984
Net investment income	7,423,407	3,842,611
Contributions		
Employers	135,271,112	133,085,582
Retired participants	2,625,562	2,898,104
COBRA participants	282,233	295,159
Total contributions	138,178,907	136,278,845
Other income	658,104	414,785
Total additions	146,260,418	140,536,241
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid		
Participants	139,556,210	134,066,759
Insurance premiums paid for death and disability benefits	925,751	947,411
Special surgical, diagnostic and health advisory services		
Medical consultants	523,335	526,528
Teamster Center Services Fund	149,558	152,846
Empire Healthchoice Assurance, Inc. and other administrative service fees	2,518,112	2,533,034
ACA PCORI fees	51,317	45,882
Total benefits paid	143,724,283	138,272,460
Administrative expenses	4,924,969	4,798,082
Total deductions	148,649,252	143,070,542
<b>NET (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS</b>	(2,388,834)	(2,534,301)

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

## Local 804 Welfare Trust Fund

Statements of Changes in Net Assets Available for  
Benefits and Changes in Benefit Obligations – Continued  
For the Years Ended May 31, 2025 and 2024

	<b>2025</b>	<b>2024</b>
<b>NET (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS (CARRIED FORWARD)</b>	(2,388,834)	(2,534,301)
<b>AMOUNT CURRENTLY PAYABLE TO OR ON BEHALF OF participants, PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Net change during year		
Health claims payable	(1,226,474)	(3,331,450)
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE</b>		
Net change during year		
Estimated health claims incurred but not reported and unpaid claims	(716,726)	1,165,350
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Benefits earned, net of benefits paid	(29,003,686)	(26,030,514)
Actuarial experience loss	-	(5,052,480)
Plan amendments	(1,771,314)	-
Changes in actuarial assumptions	9,067,390	15,821,454
Net (increase) in benefit obligations	(23,650,810)	(17,427,640)
(Increase) in (Excess) of benefit obligations over net assets available for benefits	(26,039,644)	(19,961,941)
<b>(EXCESS) OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS, beginning of year</b>	(429,338,906)	(409,376,965)
<b>(EXCESS) OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS, end of year</b>	\$ (455,378,550)	\$ (429,338,906)

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

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### **Note 1. Description of the Plan**

The following brief description of the Local 804 Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Rules and Regulations for more complete information.

#### **General**

The Local 804 Welfare Trust Fund was created in 1950, under an Agreement and Declaration of Trust, as amended, between Delivery and Warehouse Employees, Local 804, an affiliate of International Brotherhood of Teamsters (the Union) and various employers having collective bargaining agreements with the Union. The Plan is a multi-employer welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was established for the purpose of providing welfare benefits to eligible participants represented by the Union. Eligible participants also include employees of the Union and the Plan, who meet eligibility requirements, retirees and their eligible dependents.

#### **Eligibility**

All members coverage will begin on the first of the month following your satisfying the following conditions: (i) attainment of seniority status, (ii) completion of 26 weeks of full-time employment, and (ii) otherwise satisfy the terms of the applicable Collective Bargaining Agreement. However, if you meet the eligibility requirements set forth above and wish to buy early coverage prior to the time your Regular Coverage would begin, you may elect coverage to begin on the 91st day after you become a full-time employee, provided you pay the required premium.

Generally, a participant will remain eligible as long as actively employed with a participating employer. Participants may also continue to remain eligible for benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Retired employees are entitled to benefits if they are an eligible retired participant of the Local 804, I.B.T. and Local 447, I.A.M.— UPS Multi-employer Retirement Plan (the "Retirement Plan") and are receiving a standard, early retirement, or disability pension and were covered immediately prior to the effective date of retirement. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Fund Office.

#### **Contributions**

Contributing employers are required to make contributions to the Plan on behalf of each participant on the basis of a rate fixed by the applicable collective bargaining agreement in effect. Employee participants are not required to contribute to the Plan. Retirees may contribute specified amounts, as determined by the Plan.

The Plan provides various health benefits to those retirees of the Plan who make a predetermined contribution to defray the Plan's expense of group medical coverage. Retirees, who contributed \$200, \$300, \$450 for single/two-person/family per month, are entitled to prescription drug, optical, major medical and hospitalization coverage. These contribution rates were effective January 1, 2018. The rates have not changed since January 1, 2018, and through the year ended May 31, 2025.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### **Benefits**

The Plan provides health benefits (medical, hospitalization, prescription drugs dental, vision), short-term disability, life insurance, and accidental death and dismemberment insurance to eligible participants and their dependents. Retired employees are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

### **Insured Benefits**

The Plan fully insures the life insurance benefits, accidental death and disability benefits, and short-term disability benefits. Premiums are paid from the assets of the Plan.

### **Self-Insured Benefits**

All other Plan benefits are self-insured. The claims for self-insured benefits (medical, hospitalization, prescription drugs dental, vision) 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. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

### **Third-Party Administrators**

The Plan utilizes third-party administrators for the administration of most of the Plan's self-insured medical, prescription drug arrangements, dental and vision. 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 financial statements of the Plan are prepared using 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 the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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

The Plan'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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### **Cash and Cash Equivalents**

Cash and cash equivalents include all highly liquid short-term investments with a maturity of three months or less from the date of purchase.

### **Employers' Contributions and Related Receivables**

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of May 31, 2025 and 2024, the allowance for doubtful accounts was \$0. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

### **Payment of Benefits**

Premiums paid by the Plan 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 Health claims payable in the accompanying statements of 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 \$7,316,476 and \$6,635,656 have been netted with claims paid in the accompanying statements of changes in net assets available for benefits for the years ended May 31, 2025 and 2024, respectively.

### **Property and Equipment**

Property assets are depreciated by the straight-line method, at rates calculated to amortize the cost of the assets over their respective estimated useful lives. Leasehold improvements are amortized over the term of the related lease. Computer software and system network costs are amortized by the straight-line method over a period of between three and five years.

Expenditures for maintenance and repairs are expensed as incurred, whereas additions and improvements that extend the life of the asset are capitalized.

### **Lease Accounting**

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. The Fund's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

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 office facilities. 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 has elected to use the risk-free rate as a practical expedient for its discount rate in order to determine present value.

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.

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

Management has evaluated subsequent events for the Plan through March 13, 2026, the date the financial statements were available to be issued.

### **Note 3. Postretirement and Postemployment Benefit Obligations**

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

The actuarial present value of expected postretirement benefit obligation is determined by the Plan's actuary, and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

## Local 804 Welfare Trust Fund

### Notes to Financial Statements

The following were other significant assumptions used in the valuations as of May 31, 2025 and 2024:

	2025	2024
Discount rate	5.50%	5.40%
Health trend rates		
Medical and hospital	7.75% in 2026 graded to 4.50% over 13 years	8.00% in 2025 graded to 4.50% over 14 years
Prescription drug	10.25% in 2026 graded to 4.50% over 23 years	10.50% in 2024 graded to 4.50% over 24 years
Vision	3.00%	3.00%
Administrative expense increase rate	3.00%	3.00%
Retiree contribution increase rate	0.00%	0.00%
Postretirement mortality rates		
Healthy	RP-2006 Headcount-Weighted Healthy Annuity and Employee Mortality Tables with generational Projection using Scale MP 2019	RP-2006 Headcount-Weighted Healthy Annuity and Employee Mortality Tables with generational Projection using Scale MP 2019
Disability	50% of the RP-2006 Headcount- Weighted Disabled Retiree Mortality Table with generational Projection using Scale MP-2019	50% of the RP-2006 Headcount- Weighted Disabled Retiree Mortality Table with generational Projection using Scale MP-2019

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.

Accumulated Postretirement Benefit Obligation (APBO): Using trend rates 1% higher than the assumed health care cost trend rates will increase the net accumulated postretirement benefit obligation to \$641,551,197 and \$618,477,598 as of May 31, 2025 and 2024, respectively, an increase of \$61,475,374 and \$60,109,385 over the reported number, which was \$580,075,823 and \$558,368,213, respectively.

The Plan's (excess) of benefit obligations over net assets available for benefits at May 31, 2025 and 2024, relates primarily to the postretirement benefit obligations.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### Note 4. Claims Incurred but not Reported

Benefit obligations other than postretirement and postemployment benefit obligations include health claims currently payable, health claims incurred but not yet reported, and premiums payable.

Claims incurred but not yet reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. Due to the nature of the Plan and the agreements with the third-party claims administrators, the amount of fees cannot be reasonably estimated.

### Note 5. Fair Value Measurements

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

U.S. government securities: U.S. treasuries are reported at fair value as determined by quoted market process in active markets.

Governmental agencies obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

## Local 804 Welfare Trust Fund

### Notes to Financial Statements

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

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, 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 its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Exchange-traded fund: Valued at the closing price reported on the active market in which the individual securities are traded.

Limited partnership: Limited partnership is valued at the NAV of the ownership units. The NAV, as provided by the limited partnership, 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 limited partnership, less their liabilities. Were the Plan to initiate a full redemption of the limited partnership, the investment advisor reserves the right to temporarily delay withdrawal from the limited partnership in order to ensure that securities liquidations will be carried out in an orderly business manner. This 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.

Short-term investment fund: Valued using the NAV of the fund shares.

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of May 31, 2025 and 2024:

	2025	2024
Level 1:		
US Government	\$ 27,826,863	\$ 34,280,475
Exchange-trade funds	15,614,874	15,026,848
Short-Term Investment fund	12,182,158	2,530,990
	55,623,895	51,838,313
Level 2:		
Corporate Bonds	18,926,836	23,931,983
US Government	19,451,555	28,140,993
	38,378,391	52,072,976
Total assets in the fair value hierarchy	94,002,286	103,911,289
Investments measured at net asset value		
Common Collective Trusts	17,303,207	15,305,074
Limited Partnership	13,741,287	13,934,888
Investments at fair value	\$ 125,046,780	\$ 133,151,251

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of May 31, 2025 and 2024, respectively.

	2025	2024
Common Collective Trusts		
Fair value	\$ 17,303,207	\$ 15,305,074
Unfunded commitment	None	None
Redemption frequency	daily basis	daily basis
Other redemption restrictions	None	None
Redemption notice period	various	various
Limited Partnership (a)		
Fair value	\$ 13,741,287	\$ 13,934,888
Unfunded commitment	None	None
Redemption frequency	60-days notice	60-days notice
Other redemption restrictions	None	None
Redemption notice period	quarterly basis	quarterly basis

(a) objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to state, county and municipal government agencies with an underlying credit rating at the time of acquisition of (Aa3) or higher from Moody's or (AA) or higher from S&P or Fitch.

### Note 6. Administrative Expenses

The Plan pays all administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, payroll and related expenses, professional services, and computer maintenance. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

### Note 7. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) dated March 12, 1987, stating that the trust was in compliance with applicable requirements of the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2025 and 2024 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

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. Plan Termination

Although the Board of Trustees has not expressed any intent to do so, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of Plan termination, the assets of the Plan would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the trustees so determine, until no assets remain.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### Note 9. Related Party Transactions and Party in Interest Transactions

Certain Plan assets are invested in a common trust fund managed by the custodian of the Plan. As described in Notes 1 and 5, the Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

The Plan operates in a jointly administered office with other related funds. Since these organizations co-exist in the same premises, utilizing mutual resources, equipment and personnel to effectuate cost-savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis. Direct charges are made for expenses where applicable. The administrative expenses allocated to related funds for the years ended May 31, 2025 and 2024, were \$315,712 and \$425,427, respectively. The amount due to the Plan from the Local 804 Annuity Fund for joint administrative expenses totaled \$126,851 and \$171,908 as of May 31, 2025 and 2024, respectively. The amount due to the Plan from Local 804 Pension Fund for joint administrative expenses totaled \$16,804 and \$13,348 as of May 31, 2025, and 2024, respectively.

### Note 10. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions from one employer accounted for approximately 99 percent of total employer contributions collected for the years ended May 31, 2025 and 2024.

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. Net Property Assets

Property assets at cost, at May 31, 2025 and 2024, consist of the following:

	2025	2024
Leasehold improvements	\$ 8,314	\$ 343,540
Furniture and fixtures	240,579	438,989
Computer equipment and network system	675,574	3,071,029
	924,467	3,853,558
Less accumulated depreciation and amortization	437,018	3,598,008
Property and equipment, net	<u>\$ 487,449</u>	<u>\$ 255,550</u>

Depreciation and amortization expense amounted to \$66,502 and \$99,657 for the years ended May 31, 2025 and 2024, respectively.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### Note 12. Pension Plan for Employees

The Plan participates in a multiemployer pension plan, the Local 804 I.B.T., and Local 447 I.A.M. UPS - Multi-Employer Retirement Plan which cover its employees. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the multiemployer plan, the unfunded obligations of the multiemployer plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Plan's participation in the multiemployer plan for the years ended May 31, 2025 and 2024, is outlined in the following table. The "EIN/Pension Plan Number" row provides the multiemployer plan's Employee Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2022 and 2021 is based on information that the Plan received from the multiemployer plan and is certified by the multiemployer plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" row indicates whether a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the multiemployer plan. The last row lists the expiration date of the collective-bargaining agreement to which the Plan is subject.

There have been no significant changes that affect the comparability of the 2024 and 2023 contributions.

Pension plan	Local 804 I.B.T. and Local 447 I.A.M - UPS Multi-Employer Retirement Plan	
EIN/Pension plan number	51-6117726 / 001	
	2025	2024
Pension Protection Act zone status	Green Zone Status as of January 1, 2024	Green Zone Status as of January 1, 2023
FIP/RP Status Pending/Implemented	FIP Implemented	FIP Implemented
Total Plan contributions	\$156,535	\$179,474
Plan contributions are more than 5% of total plan	No	No
Plan contributions are more than 5% of total plan contributions	None	None
Surcharge imposed	None	None
Expiration date of collective bargaining agreement	July 31, 2028	July 31, 2028

The Plan participates in the Local 804 Annuity Fund, a related multi-employer defined contribution plan covering all eligible employees. Each employee's account is credited with the employer's contributions and a pro rata share of the Plan's net investment income, allocated in accordance with the formula specified in the Local 804 Annuity Fund's Rules and Regulations. Contributions to the Local 804 Annuity Fund for the years ended May 31, 2025 and 2024 amounted to \$51,957 and \$53,868, respectively.

# Local 804 Welfare Trust Fund

## Notes to Financial Statements

### Note 13. Health and Welfare Plans for Employees

The Plan participates in the Local 153 Long Term Disability Fund, a multi-employer benefit plan. Benefits provided consist of insured long-term disability benefits to covered participants whose temporary disability benefits have been exhausted. Contributions to the Local 153 Long Term Disability Fund are made on behalf of substantially all active employees and amounted to \$8,126 and \$7,955 for the years ended May 31, 2025 and 2024, respectively.

The Plan provides various health benefits to all active employees. Employees for whom contributions are required are eligible to receive various benefits for themselves and their covered dependents. These benefits include death, short-term disability, hospitalization, surgical, medical, major medical, dental and other health related services.

### Note 14. Severance Plan for Employees

The Plan provides a severance benefit to eligible employees as mandated by the current agreement with the Office and Professional Employees International Union Local 153, AFL-CIO (the Local). To be eligible for the benefit, the employee must have completed one full year of service from the time the employee became a member of the Local. The benefit amount is one week's severance pay for each full year of service, based on current salary.

### Note 15. Lease Agreement

The Plan leases office space from a related entity, Delivery and Warehouse Employees, Local 804 located at 44 S Bayles Review Avenue, Port Washington, NY. The cancellable operating lease agreement will expire on March 31, 2028 and can be extended to March 31, 2033. The Plan has classified this lease as an operating lease. The Plan is paying a fixed rent of \$8,615 on a monthly basis at lease commencement and the rent will increase at a rate of 3% per year.

The statement of net assets available for benefits and benefits obligations information related to the operating lease is as follows as of May 31, 2025:

Right of use assets- operating leases	\$	803,613
Lease liability – operating leases	\$	832,252

The components of lease cost were as follows for the year ended May 31, 2025:

Lease expense		
Operating lease cost	\$	76,592

Information associated with the measurement of the Plan's operating lease obligation as of May 31, 2025, is as follows:

Weighted-average remaining lease term in years	7.83 years
Weighted-average discount rate	3.48%

## Local 804 Welfare Trust Fund

### Notes to Financial Statements

Future minimum lease payments and reconciliation to the statement of financial position on May 31, 2025, are as follows:

Years Ending May 31,	Amount
2026	\$ 110,224
2027	113,531
2028	116,937
2029	120,445
2030	124,058
Thereafter	371,800
Total future undiscounted lease payment	956,995
Less present value discount	(124,743)
Lease liability	\$ 832,252

Rent expense amounted to \$118,510 and \$118,513 for the years ended May 31, 2025 and 2024, respectively.

#### **Note 16. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at May 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 148,206,773	\$ 150,595,607
Benefit obligations currently payable	(23,509,500)	(21,566,300)
Net assets available for benefits per Form 5500	\$ 148,206,773	\$ 150,595,607

The following is a reconciliation of claims paid per the financial statements for the years ended May 31, 2025 and 2024, to Form 5500:

	2025	2024
Claims paid per the financial statements	\$ 139,556,210	\$ 134,066,759
Amounts payable at May 31, 2025	23,509,500	-
Amounts payable at May 31, 2024	(21,566,300)	21,566,300
Amounts payable at May 31, 2023	-	(19,400,200)
Claims paid per Form 5500	\$ 141,499,410	\$ 136,232,859

## **Supplementary Information**

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)			(d)	(e)
		Description of investment				
Identity of issue	Description	Interest rate	Maturity date	Principal or shares	Cost	Fair value
<b>U.S. government and governmental agencies obligations:</b>						
U.S. Treasury Notes	Fixed income	3.750%	08/31/26	400,000	\$ 401,313	\$ 398,360
U.S. Treasury Notes	Fixed income	4.500%	05/15/27	1,000,000	993,242	1,010,700
U.S. Treasury Notes	Fixed income	3.875%	11/30/27	1,500,000	1,507,266	1,499,850
U.S. Treasury Notes	Fixed income	3.875%	12/31/27	1,000,000	1,014,258	1,000,200
U.S. Treasury Notes	Fixed income	4.250%	01/15/28	300,000	299,438	302,730
U.S. Treasury Notes	Fixed income	3.500%	01/31/28	700,000	681,680	693,490
U.S. Treasury Notes	Fixed income	4.000%	06/30/28	2,400,000	2,376,703	2,409,360
U.S. Treasury Notes	Fixed income	4.125%	07/31/28	1,350,000	1,348,840	1,360,125
U.S. Treasury Notes	Fixed income	2.375%	05/15/29	425,000	438,986	401,243
U.S. Treasury Notes	Fixed income	1.625%	08/15/29	600,000	606,013	547,860
U.S. Treasury Notes	Fixed income	3.500%	09/30/29	705,000	693,709	692,874
U.S. Treasury Notes	Fixed income	4.375%	12/31/29	460,000	459,677	468,050
U.S. Treasury Notes	Fixed income	3.500%	04/30/30	900,000	893,742	880,920
U.S. Treasury Notes	Fixed income	3.875%	04/30/30	1,450,000	1,446,092	1,444,200
U.S. Treasury Notes	Fixed income	4.250%	06/30/31	1,025,000	1,021,452	1,033,610
U.S. Treasury Notes	Fixed income	3.750%	08/31/31	525,000	532,209	514,605
U.S. Treasury Notes	Fixed income	3.625%	09/30/31	605,000	592,262	588,484
U.S. Treasury Notes	Fixed income	4.500%	12/31/31	610,000	612,979	622,444
U.S. Treasury Notes	Fixed income	4.375%	01/31/32	250,000	249,082	253,250
U.S. Treasury Notes	Fixed income	4.000%	04/30/32	2,225,000	2,202,717	2,203,195
U.S. Treasury Notes	Fixed income	4.125%	05/31/32	1,400,000	1,395,570	1,396,500
U.S. Treasury Notes	Fixed income	4.125%	05/15/35	2,250,000	2,212,803	2,224,800
U.S. Treasury Bonds	Fixed income	3.375%	08/15/42	750,000	651,416	617,400
U.S. Treasury Bonds	Fixed income	4.000%	11/15/42	1,200,000	1,255,313	1,074,480
U.S. Treasury Bonds	Fixed income	3.875%	05/15/43	400,000	388,750	350,520
U.S. Treasury Bonds	Fixed income	4.625%	04/15/44	170,000	179,450	163,659
U.S. Treasury Notes	Fixed income	4.125%	08/15/44	200,000	185,742	179,720
U.S. Treasury Bonds	Fixed income	4.750%	02/15/45	700,000	720,615	683,270
U.S. Treasury Bonds	Fixed income	2.375%	11/15/49	653,000	707,419	409,888
U.S. Treasury Bonds	Fixed income	2.000%	02/15/50	300,000	353,620	171,810
U.S. Treasury Notes	Fixed income	2.375%	05/15/51	825,000	899,433	510,428
U.S. Treasury Bonds	Fixed income	1.875%	11/15/51	411,000	410,749	222,680
U.S. Treasury Bonds	Fixed income	2.250%	02/15/52	995,000	913,077	592,523
U.S. Treasury Bonds	Fixed income	3.000%	08/15/52	1,225,000	1,061,760	863,748
U.S. Treasury Bonds	Fixed income	3.625%	05/15/53	50,000	47,840	39,890
Fannie Mae #MA3327	Fixed income	4.000%	03/01/33	220,011	228,811	218,317
Fannie Mae #AB1214	Fixed income	4.000%	06/01/40	41,633	42,257	40,750
Federal Home Loan Mortgage Corp. #U07031	Fixed income	3.500%	12/01/28	33,808	34,189	33,311
Federal Home Loan Mortgage Corp. #G15290	Fixed income	3.500%	02/01/30	67,368	70,189	66,411
Federal Home Loan Mortgage Corp. #Q60419	Fixed income	4.000%	12/01/48	75,874	77,079	70,821
Federal Home Loan Mortgage Corp. #QA0127	Fixed income	3.500%	06/01/49	217,847	222,987	195,518
Federal Home Loan Mortgage Corp. #QA6272	Fixed income	3.000%	01/01/50	288,841	295,430	248,490
Federal Home Loan Mortgage Corp. #QE-4038	Fixed income	3.000%	06/01/52	319,991	303,592	272,344
Federal Home Loan Mortgage Corp. #QF-3224	Fixed income	4.500%	10/01/52	1,264,401	1,221,431	1,194,606
Federal Home Loan Mortgage Corp. #SD-8276	Fixed income	5.000%	12/01/52	535,468	516,225	519,886
Federal Home Loan Mortgage Corp. #SD-8286	Fixed income	4.000%	01/01/53	234,178	222,908	214,976
Federal Home Loan Mortgage Corp. #SD-8347	Fixed income	4.500%	08/01/53	920,347	861,710	869,451
Federal Home Loan Mortgage Corp. UMBS Pool #QG-6305	Fixed income	4.500%	07/01/53	1,753,230	1,692,346	1,655,224
Federal Home Loan UMBS Pool #QH-1419	Fixed income	5.000%	08/01/53	505,852	473,446	490,778
Federal National Mortgage Assn. #F51948	Fixed income	4.000%	05/01/52	589,663	561,286	541,016
Federal National Mortgage Assn. #FM4317	Fixed income	3.000%	09/01/50	416,523	435,657	357,377
Federal National Mortgage Assn. Pool #BV0272	Fixed income	3.500%	02/01/52	2,064,687	1,787,245	1,834,268
Federal National Mortgage Assn. Pool #CB3620	Fixed income	4.000%	05/01/52	115,017	109,482	105,597
Federal National Mortgage Assn. Pool #BW7328	Fixed income	5.000%	09/01/52	477,149	458,232	462,930
Federal National Mortgage Assn. #MA4867	Fixed income	4.500%	01/01/53	308,335	289,835	291,284
Federal National Mortgage Assn. #MA4916	Fixed income	4.000%	02/01/53	5,199,169	5,008,600	4,768,107
Federal National Mortgage Assn. #MA4940	Fixed income	5.000%	03/01/53	223,381	216,122	216,568
Federal National Mortgage Assn. #MA5271	Fixed income	5.500%	02/01/54	2,008,511	1,983,462	1,989,028
Federal National Mortgage Assn. #CB8978	Fixed income	5.000%	08/01/54	547,678	536,110	531,357
Federal National Mortgage Assn. #FA0479	Fixed income	5.500%	01/01/55	780,706	774,546	776,334
Government National Mortgage Assn. 0051107	Fixed income	4.000%	07/20/26	10,213	10,405	10,164
Government National Mortgage Assn. 0051169	Fixed income	4.500%	09/20/26	9,885	10,231	9,848
Government National Mortgage Assn. 544477	Fixed income	6.500%	04/15/31	493	493	506
Government National Mortgage Assn. 533788	Fixed income	6.500%	05/15/31	248	249	255
Government National Mortgage Assn. 557386	Fixed income	6.500%	05/15/31	263	264	266
Government National Mortgage Assn. 498273	Fixed income	6.500%	06/15/31	573	576	590
Government National Mortgage Assn. 485793	Fixed income	6.500%	09/15/31	88	90	90
Government National Mortgage Assn. 569572	Fixed income	6.500%	01/15/32	134	134	136
Government National Mortgage Assn. 581836	Fixed income	6.000%	01/15/32	299	297	302
Government National Mortgage Assn. 538300	Fixed income	6.500%	01/15/32	283	285	291
Government National Mortgage Assn. 569238	Fixed income	6.500%	03/15/32	117	122	120
Government National Mortgage Assn. 579667	Fixed income	6.000%	03/15/32	668	686	695

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)			(d)	(e)	
		Description of investment					
	Identity of issue	Description	Interest rate	Maturity date	Principal or shares	Cost	Fair value
	<b>U.S. government and governmental agencies obligations - continued:</b>						
	Government National Mortgage Assn. 587625	Fixed income	6.500%	03/15/32	34	35	35
	Government National Mortgage Assn. 584411	Fixed income	6.500%	05/15/32	534	545	553
	Government National Mortgage Assn. 584426	Fixed income	6.000%	05/15/32	739	733	745
	Government National Mortgage Assn. 587074	Fixed income	6.000%	05/15/32	192	191	201
	Government National Mortgage Assn. 590327	Fixed income	6.500%	07/15/32	69	71	70
	Government National Mortgage Assn. 582382	Fixed income	6.000%	11/15/32	877	905	892
	Government National Mortgage Assn. 582413	Fixed income	6.000%	11/15/32	889	1,113	917
	Government National Mortgage Assn. 620461	Fixed income	5.000%	08/15/33	339	333	339
	Government National Mortgage Assn. 629358	Fixed income	5.000%	04/15/34	722	720	727
	Government National Mortgage Assn. 627354	Fixed income	5.000%	06/15/34	777	779	777
	Government National Mortgage Assn. 605802	Fixed income	5.000%	12/15/34	758	796	751
	Government National Mortgage Assn. 604654	Fixed income	6.000%	01/15/36	358	366	370
	Government National Mortgage Assn. 651683	Fixed income	4.500%	01/15/36	1,277	1,231	1,238
	Government National Mortgage Assn. 651169	Fixed income	5.000%	01/15/36	550	543	550
	Government National Mortgage Assn. 679494	Fixed income	5.000%	01/15/38	221	219	221
	Government National Mortgage Assn. 691777	Fixed income	5.000%	07/15/38	1,985	2,044	1,987
	Government National Mortgage Assn. 688091	Fixed income	5.000%	11/15/38	466	462	466
	Government National Mortgage Assn. 698722	Fixed income	5.000%	11/15/38	1,215	1,190	1,216
	Government National Mortgage Assn. 700950	Fixed income	5.500%	11/15/38	280	360	286
	Government National Mortgage Assn. 704058	Fixed income	5.000%	11/15/38	1,237	1,226	1,218
	Government National Mortgage Assn. 692304	Fixed income	5.000%	01/15/39	830	867	826
	Government National Mortgage Assn. 704185	Fixed income	5.500%	01/15/39	475	498	479
	Government National Mortgage Assn. 708361	Fixed income	5.000%	03/15/39	469	488	469
	Government National Mortgage Assn. 712415	Fixed income	5.000%	05/15/39	686	715	681
	Government National Mortgage Assn. 769889	Fixed income	4.500%	05/15/41	6,997	7,394	6,751
	Government National Mortgage Assn. 771479	Fixed income	4.000%	11/15/41	887	995	825
	Government National Mortgage Assn. 774768	Fixed income	4.000%	12/15/41	10,818	11,626	9,997
	Government National Mortgage Assn. 553465	Fixed income	4.000%	01/15/42	9,810	10,800	9,212
	Government National Mortgage Assn. BK0838	Fixed income	4.000%	02/20/49	24,009	24,669	21,844
	Government National Mortgage Assn Remic Ser-13-101 AD	Fixed income	2.623%	12/16/53	133,194	128,075	119,648
	Government National Mortgage Assn Remic 2017-29 A	Fixed income	2.400%	01/16/58	267,819	254,803	226,870
	Overseas Private Investment Corp.	Fixed income	3.370%	10/05/34	760,050	760,050	720,983
	Tennessee Valley Authority Bond	Fixed income	1.500%	09/15/31	392,000	391,929	331,397
	Total U.S. government and governmental agencies obligations					49,808,996	47,278,418

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
	<b>Corporate bonds and notes and debentures:</b>							
	Abbvie Inc.	Fixed Income	03/15/35	4.550%	N/A	600,000	561,312	572,826
	Aflac Inc.	Fixed Income	03/15/26	1.125%	N/A	210,000	209,796	204,460
	Amgen Inc.	Fixed Income	06/15/51	4.663%	N/A	500,000	487,950	414,740
	Amgen Inc.	Fixed Income	03/02/33	5.250%	N/A	260,000	259,181	262,387
	Aon Corp	Fixed Income	01/01/27	8.205%	N/A	435,000	573,113	457,142
	Ascension Health	Fixed Income	11/15/39	3.106%	N/A	420,000	440,422	321,006
	AT&T Inc.	Fixed Income	06/01/27	2.300%	N/A	750,000	695,153	719,775
	Bank of America Corp. FLTG	Fixed Income	05/06/30	Floating	N/A	700,000	700,000	631,330
	Bank of American Corp	Fixed Income	03/03/26	4.450%	N/A	310,000	360,189	309,504
	Banker Health	Fixed Income	01/01/50	3.181%	N/A	340,000	350,326	218,212
	Broadcom Inc.	Fixed Income	11/15/32	4.300%	N/A	500,000	458,810	477,600
	Burlington North Santa Fe	Fixed Income	03/15/42	4.000%	N/A	500,000	525,101	431,450
	Carvana Auto Receivables Trust	Fixed Income	01/10/28	7.000%	N/A	31,351	31,293	30,680
	Citigroup Inc.	Fixed Income	06/10/25	4.400%	N/A	500,000	509,545	474,875
	Citigroup Inc FLTG	Fixed Income	02/13/31	Floating	N/A	475,000	582,450	464,455
	CNH Industrial Capital	Fixed Income	04/10/28	4.550%	N/A	500,000	488,440	498,950
	Conocophillips Co.	Fixed Income	01/15/55	5.000%	N/A	300,000	291,471	276,600
	CSX Corp	Fixed Income	11/15/32	4.100%	N/A	500,000	478,295	476,200
	Cummins Inc.	Fixed Income	02/20/34	5.150%	N/A	450,000	456,225	453,550
	Duke Energy Corp	Fixed Income	09/15/33	5.750%	N/A	800,000	824,840	830,080
	Gilead Sciences Inc.	Fixed Income	10/15/33	5.250%	N/A	525,000	524,150	534,608
	Goldman Sachs Group	Fixed Income	04/25/35	5.851%	N/A	900,000	901,530	926,190
	JPMorgan Chase & Co.	Fixed Income	04/22/52	0.000%	N/A	500,000	391,605	339,500
	JP Morgan Chase & Co FLTG	Fixed Income	05/06/30	Floating	N/A	400,000	467,496	386,160
	Keurig Dr Pepper Inc.	Fixed Income	04/15/52	4.500%	N/A	700,000	573,825	561,120
	Kraft Heinz Foods Co.	Fixed Income	05/15/27	3.875%	N/A	500,000	474,935	493,900
	Lowe's Inc.	Fixed Income	04/15/26	2.500%	N/A	415,000	413,594	408,277
	Morgan Stanley	Fixed Income	04/22/39	4.457%	N/A	700,000	700,000	634,620
	MPLX LP	Fixed Income	02/15/29	4.800%	N/A	530,000	628,347	531,749
	Northrop Grumman Corp.	Fixed Income	06/01/34	4.900%	N/A	250,000	246,455	246,025
	Northwestern Mem	Fixed Income	07/15/51	2.633%	N/A	265,000	265,000	155,635
	Nvidia Corp.	Fixed Income	04/01/30	2.850%	N/A	500,000	455,905	470,350
	Oracle Corp	Fixed Income	07/08/34	4.300%	N/A	100,000	102,650	93,010
	PNC Bank NA	Fixed Income	01/22/28	3.250%	N/A	550,000	547,767	534,985
	Salesforce.com Inc.	Fixed Income	07/15/51	2.900%	N/A	395,000	336,805	245,414
	T-Mobile USA Inc.	Fixed Income	02/01/28	4.750%	N/A	550,000	550,088	550,660
	Union Pacific Corp.	Fixed Income	02/01/35	3.375%	N/A	250,000	243,623	219,400
	United Technologies Corp.	Fixed Income	05/15/45	4.150%	N/A	175,000	199,556	139,965
	US Bancorp	Fixed Income	06/12/34	0.000%	N/A	500,000	488,480	516,300
	Vulcan Materials Co.	Fixed Income	12/01/34	4.300%	N/A	800,000	794,352	805,840
	Wells Fargo & Co.	Fixed Income	04/30/41	0.000%	N/A	500,000	405,305	366,400
	Wells Fargo & Company	Fixed Income	01/15/44	5.606%	N/A	500,000	489,560	470,300
	Wrkco Inc.	Fixed Income	03/15/29	4.900%	N/A	750,000	770,783	770,606
	Total corporate bonds and notes						20,255,723	18,926,836

(a) \*\* = Party-in-interest

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
<b>Common collective trusts:</b>							
Northern Trust Common EAFE Index Fund	Common Collective Trust	Demand	Various	N/A	68,256	8,536,517	11,760,268
BNY Mellon AFL-CIO CF SL Stock Index Fund	Common Collective Trust	Demand	Various	N/A	324,251	3,297,699	5,542,939
Total common collective trusts						11,834,216	17,303,207
<b>Exchange-traded fund:</b>							
Invesco S&P 500 Equal Weight Ishares	Mutual Fund	Demand	Various	N/A	29,800	3,993,796	5,257,614
	Mutual Fund	Demand	Various	N/A	97,710	9,978,937	10,357,260
Total exchange-traded fund						13,972,733	15,614,874
<b>Limited partnership:</b>							
Boyd Watterson State Government Fund, LP	Limited partnership	Demand	Various	N/A	13,164	15,971,384	13,741,287
<b>Short-term investment fund:</b>							
Ishares	Money Market Fund	Demand	Various	N/A	180,368	180,368	180,368
Weaver Barksdale	Money Market Fund	Demand	Various	N/A	927,697	927,697	927,697
* Dreyfus Treasury and Agency	Money Market Fund	Demand	Various	N/A	11,074,093	11,074,093	11,074,093
Total Short-term investment						12,182,158	12,182,158
Total investments						\$ 124,025,210	\$ 125,046,780

## Local 804 Welfare Trust Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
<b>5% Transactions by Security - Single Transaction</b>						
AB Interest Bearing Acct	\$ 11,304,020	\$ -	\$ 11,304,020	\$ 11,304,020	\$ -	
AB Interest Bearing Acct	-	11,304,020	11,304,020	11,304,020	-	
Dreyfus Cash Management Fund	10,878,594	-	10,878,594	10,878,594	-	
Dreyfus Cash Management Fund	10,887,322	-	10,887,322	10,887,322	-	
Dreyfus Cash Management Fund	10,831,378	-	10,831,378	10,831,378	-	
Dreyfus Government Cash Management	11,168,339	-	11,168,339	11,168,339	-	
Dreyfus Government Cash Management	11,134,527	-	11,134,527	11,134,527	-	
Dreyfus Government Cash Management	11,163,819	-	11,163,819	11,163,819	-	
Dreyfus Government Cash Management	11,365,037	-	11,365,037	11,365,037	-	
Dreyfus Government Cash Management	8,873,438	-	8,873,438	8,873,438	-	
Dreyfus Government Cash Management	9,848,483	-	9,848,483	9,848,483	-	
Dreyfus Government Cash Management	11,154,866	-	11,154,866	11,154,866	-	
<b>Series of Transactions Exceeding 5% of Plan Assets</b>						
AB Interest Bearing Acct	11,670,431	-	11,670,431	11,670,431	-	
AB Interest Bearing Acct	-	11,670,431	11,670,431	11,670,431	-	
Dreyfus Cash Management Fund	37,961,800	-	37,961,800	37,961,800	-	
Dreyfus Cash Management Fund	-	38,875,539	38,875,539	38,875,539	-	
Dreyfus Government Cash Management	99,053,760	-	99,053,760	99,053,760	-	
Dreyfus Government Cash Management	-	87,979,667	87,979,667	87,979,667	-	
JPMorgan 100% US Treasury Money Market	23,172,350	-	23,172,350	23,172,350	-	
JPMorgan 100% US Treasury Money Market	-	23,615,219	23,615,219	23,615,219	-	

**Local 804 Welfare Trust Fund**  
 Schedule of Contributions from Employers  
 May 31, 2025

	<b>Cash Basis</b>	<b>Accrual Basis</b>
United Parcel Service-Metro	\$ 133,495,258	\$ 133,791,881
Local 804, IBT	514,137	514,137
Local 804 Welfare Trust Fund	657,557	723,094
Trump Village, Inc.	287,000	242,000
<b>TOTAL CONTRIBUTIONS FROM EMPLOYERS</b>	\$ 134,953,952	\$ 135,271,112

**Local 804 Welfare Trust Fund**  
Schedules of Benefits Paid to Participants  
Years Ended May 31, 2025 and 2024

	<b>2025</b>	<b>2024</b>
Claims paid to participants and health care providers (self-insured program)		
Medical and surgical	\$ 41,758,573	\$ 39,865,812
Hospitalization	63,400,878	66,757,410
Dental	7,692,782	7,500,033
Prescription drugs	33,294,447	25,978,121
Optical	726,005	601,039
	146,872,685	140,702,415
Less prescription drug rebates	(7,316,475)	(6,635,656)
<b>TOTAL BENEFITS PAID TO PARTICIPANTS, NET OF REBATES AND REIMBURSEMENTS</b>	<b>\$ 139,556,210</b>	<b>\$ 134,066,759</b>

**Local 804 Welfare Trust Fund**  
Schedules of Administrative Expenses  
Years Ended May 31, 2025 and 2024

	<b>2025</b>	<b>2024</b>
<b>ADMINISTRATIVE EXPENSES</b>		
Payroll	\$ 2,064,772	\$ 2,113,297
Payroll taxes	157,768	163,863
Employee benefits	730,755	749,252
Postage	51,902	61,741
Stationery, supplies and printing	189,187	161,543
Rent and electricity	120,166	119,029
Computer supplies and maintenance	495,396	514,178
Legal	431,674	312,069
Auditing	104,876	49,000
Actuarial and consulting	582,675	497,720
Repair and maintenance	13,141	16,196
Cleaning	35,961	36,983
Equipment and rental	12,538	9,404
Scanning and electronic data	15,450	104,334
Telephone	52,068	47,576
Insurance	85,587	95,757
Delivery and office services	2,700	2,681
Payroll computer service	14,389	15,841
Conference and meetings	12,086	52,681
Dues and subscriptions	1,088	707
Depreciation and amortization	66,502	99,657
	5,240,681	5,223,509
Less share of administrative expenses applicable to		
Local 804 Annuity Fund	(255,205)	(366,965)
Local 804 Pension Fund	(60,507)	(58,462)
	\$ 4,924,969	\$ 4,798,082
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 4,924,969</b>	<b>\$ 4,798,082</b>

# Local 804 Welfare Trust Fund

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

### Plan #501 / EIN: 11-1637886

### May 31, 2025

(a)	(b)	(c)			(d)	(e)
		Description of investment				
Identity of issue	Description	Interest rate	Maturity date	Principal or shares	Cost	Fair value
<b>U.S. government and governmental agencies obligations:</b>						
U.S. Treasury Notes	Fixed income	3.750%	08/31/26	400,000	\$ 401,313	\$ 398,360
U.S. Treasury Notes	Fixed income	4.500%	05/15/27	1,000,000	993,242	1,010,700
U.S. Treasury Notes	Fixed income	3.875%	11/30/27	1,500,000	1,507,266	1,499,850
U.S. Treasury Notes	Fixed income	3.875%	12/31/27	1,000,000	1,014,258	1,000,200
U.S. Treasury Notes	Fixed income	4.250%	01/15/28	300,000	299,438	302,730
U.S. Treasury Notes	Fixed income	3.500%	01/31/28	700,000	681,680	693,490
U.S. Treasury Notes	Fixed income	4.000%	06/30/28	2,400,000	2,376,703	2,409,360
U.S. Treasury Notes	Fixed income	4.125%	07/31/28	1,350,000	1,348,840	1,360,125
U.S. Treasury Notes	Fixed income	2.375%	05/15/29	425,000	438,986	401,243
U.S. Treasury Notes	Fixed income	1.625%	08/15/29	600,000	606,013	547,860
U.S. Treasury Notes	Fixed income	3.500%	09/30/29	705,000	693,709	692,874
U.S. Treasury Notes	Fixed income	4.375%	12/31/29	460,000	459,677	468,050
U.S. Treasury Notes	Fixed income	3.500%	04/30/30	900,000	893,742	880,920
U.S. Treasury Notes	Fixed income	3.875%	04/30/30	1,450,000	1,446,092	1,444,200
U.S. Treasury Notes	Fixed income	4.250%	06/30/31	1,025,000	1,021,452	1,033,610
U.S. Treasury Notes	Fixed income	3.750%	08/31/31	525,000	532,209	514,605
U.S. Treasury Notes	Fixed income	3.625%	09/30/31	605,000	592,262	588,484
U.S. Treasury Notes	Fixed income	4.500%	12/31/31	610,000	612,979	622,444
U.S. Treasury Notes	Fixed income	4.375%	01/31/32	250,000	249,082	253,250
U.S. Treasury Notes	Fixed income	4.000%	04/30/32	2,225,000	2,202,717	2,203,195
U.S. Treasury Notes	Fixed income	4.125%	05/31/32	1,400,000	1,395,570	1,396,500
U.S. Treasury Notes	Fixed income	4.125%	05/15/35	2,250,000	2,212,803	2,224,800
U.S. Treasury Bonds	Fixed income	3.375%	08/15/42	750,000	651,416	617,400
U.S. Treasury Bonds	Fixed income	4.000%	11/15/42	1,200,000	1,255,313	1,074,480
U.S. Treasury Bonds	Fixed income	3.875%	05/15/43	400,000	388,750	350,520
U.S. Treasury Bonds	Fixed income	4.625%	04/15/44	170,000	179,450	163,659
U.S. Treasury Notes	Fixed income	4.125%	08/15/44	200,000	185,742	179,720
U.S. Treasury Bonds	Fixed income	4.750%	02/15/45	700,000	720,615	683,270
U.S. Treasury Bonds	Fixed income	2.375%	11/15/49	653,000	707,419	409,888
U.S. Treasury Bonds	Fixed income	2.000%	02/15/50	300,000	353,620	171,810
U.S. Treasury Notes	Fixed income	2.375%	05/15/51	825,000	899,433	510,428
U.S. Treasury Bonds	Fixed income	1.875%	11/15/51	411,000	410,749	222,680
U.S. Treasury Bonds	Fixed income	2.250%	02/15/52	995,000	913,077	592,523
U.S. Treasury Bonds	Fixed income	3.000%	08/15/52	1,225,000	1,061,760	863,748
U.S. Treasury Bonds	Fixed income	3.625%	05/15/53	50,000	47,840	39,890
Fannie Mae #MA3327	Fixed income	4.000%	03/01/33	220,011	228,811	218,317
Fannie Mae #AB1214	Fixed income	4.000%	06/01/40	41,633	42,257	40,750
Federal Home Loan Mortgage Corp. #U07031	Fixed income	3.500%	12/01/28	33,808	34,189	33,311
Federal Home Loan Mortgage Corp. #G15290	Fixed income	3.500%	02/01/30	67,368	70,189	66,411
Federal Home Loan Mortgage Corp. #Q60419	Fixed income	4.000%	12/01/48	75,874	77,079	70,821
Federal Home Loan Mortgage Corp. #QA0127	Fixed income	3.500%	06/01/49	217,847	222,987	195,518
Federal Home Loan Mortgage Corp. #QA6272	Fixed income	3.000%	01/01/50	288,841	295,430	248,490
Federal Home Loan Mortgage Corp. #QE-4038	Fixed income	3.000%	06/01/52	319,991	303,592	272,344
Federal Home Loan Mortgage Corp. #QF-3224	Fixed income	4.500%	10/01/52	1,264,401	1,221,431	1,194,606
Federal Home Loan Mortgage Corp. #SD-8276	Fixed income	5.000%	12/01/52	535,468	516,225	519,886
Federal Home Loan Mortgage Corp. #SD-8286	Fixed income	4.000%	01/01/53	234,178	222,908	214,976
Federal Home Loan Mortgage Corp. #SD-8347	Fixed income	4.500%	08/01/53	920,347	861,710	869,451
Federal Home Loan Mortgage Corp. UMBS Pool #QG-6305	Fixed income	4.500%	07/01/53	1,753,230	1,692,346	1,655,224
Federal Home Loan UMBS Pool #QH-1419	Fixed income	5.000%	08/01/53	505,852	473,446	490,778
Federal National Mortgage Assn. #F51948	Fixed income	4.000%	05/01/52	589,663	561,286	541,016
Federal National Mortgage Assn. #FM4317	Fixed income	3.000%	09/01/50	416,523	435,657	357,377
Federal National Mortgage Assn. Pool #BV0272	Fixed income	3.500%	02/01/52	2,064,687	1,787,245	1,834,268
Federal National Mortgage Assn. Pool #CB3620	Fixed income	4.000%	05/01/52	115,017	109,482	105,597
Federal National Mortgage Assn. Pool #BW7328	Fixed income	5.000%	09/01/52	477,149	458,232	462,930
Federal National Mortgage Assn. #MA4867	Fixed income	4.500%	01/01/53	308,335	289,835	291,284
Federal National Mortgage Assn. #MA4916	Fixed income	4.000%	02/01/53	5,199,169	5,008,600	4,768,107
Federal National Mortgage Assn. #MA4940	Fixed income	5.000%	03/01/53	223,381	216,122	216,568
Federal National Mortgage Assn. #MA5271	Fixed income	5.500%	02/01/54	2,008,511	1,983,462	1,989,028
Federal National Mortgage Assn. #CB8978	Fixed income	5.000%	08/01/54	547,678	536,110	531,357
Federal National Mortgage Assn. #FA0479	Fixed income	5.500%	01/01/55	780,706	774,546	776,334
Government National Mortgage Assn. 005107	Fixed income	4.000%	07/20/26	10,213	10,405	10,164
Government National Mortgage Assn. 005169	Fixed income	4.500%	09/20/26	9,885	10,231	9,848
Government National Mortgage Assn. 544477	Fixed income	6.500%	04/15/31	493	493	506
Government National Mortgage Assn. 533788	Fixed income	6.500%	05/15/31	248	249	255
Government National Mortgage Assn. 557386	Fixed income	6.500%	05/15/31	263	264	266
Government National Mortgage Assn. 498273	Fixed income	6.500%	06/15/31	573	576	590
Government National Mortgage Assn. 485793	Fixed income	6.500%	09/15/31	88	90	90
Government National Mortgage Assn. 569572	Fixed income	6.500%	01/15/32	134	134	136
Government National Mortgage Assn. 581836	Fixed income	6.000%	01/15/32	299	297	302
Government National Mortgage Assn. 538300	Fixed income	6.500%	01/15/32	283	285	291
Government National Mortgage Assn. 569238	Fixed income	6.500%	03/15/32	117	122	120
Government National Mortgage Assn. 579667	Fixed income	6.000%	03/15/32	668	686	695

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)			(d)	(e)	
		Description of investment					
	Identity of issue	Description	Interest rate	Maturity date	Principal or shares	Cost	Fair value
	<b>U.S. government and governmental agencies obligations - continued:</b>						
	Government National Mortgage Assn. 587625	Fixed income	6.500%	03/15/32	34	35	35
	Government National Mortgage Assn. 584411	Fixed income	6.500%	05/15/32	534	545	553
	Government National Mortgage Assn. 584426	Fixed income	6.000%	05/15/32	739	733	745
	Government National Mortgage Assn. 587074	Fixed income	6.000%	05/15/32	192	191	201
	Government National Mortgage Assn. 590327	Fixed income	6.500%	07/15/32	69	71	70
	Government National Mortgage Assn. 582382	Fixed income	6.000%	11/15/32	877	905	892
	Government National Mortgage Assn. 582413	Fixed income	6.000%	11/15/32	889	1,113	917
	Government National Mortgage Assn. 620461	Fixed income	5.000%	08/15/33	339	333	339
	Government National Mortgage Assn. 629358	Fixed income	5.000%	04/15/34	722	720	727
	Government National Mortgage Assn. 627354	Fixed income	5.000%	06/15/34	777	779	777
	Government National Mortgage Assn. 605802	Fixed income	5.000%	12/15/34	758	796	751
	Government National Mortgage Assn. 604654	Fixed income	6.000%	01/15/36	358	366	370
	Government National Mortgage Assn. 651683	Fixed income	4.500%	01/15/36	1,277	1,231	1,238
	Government National Mortgage Assn. 651169	Fixed income	5.000%	01/15/36	550	543	550
	Government National Mortgage Assn. 679494	Fixed income	5.000%	01/15/38	221	219	221
	Government National Mortgage Assn. 691777	Fixed income	5.000%	07/15/38	1,985	2,044	1,987
	Government National Mortgage Assn. 688091	Fixed income	5.000%	11/15/38	466	462	466
	Government National Mortgage Assn. 698722	Fixed income	5.000%	11/15/38	1,215	1,190	1,216
	Government National Mortgage Assn. 700950	Fixed income	5.500%	11/15/38	280	360	286
	Government National Mortgage Assn. 704058	Fixed income	5.000%	11/15/38	1,237	1,226	1,218
	Government National Mortgage Assn. 692304	Fixed income	5.000%	01/15/39	830	867	826
	Government National Mortgage Assn. 704185	Fixed income	5.500%	01/15/39	475	498	479
	Government National Mortgage Assn. 708361	Fixed income	5.000%	03/15/39	469	488	469
	Government National Mortgage Assn. 712415	Fixed income	5.000%	05/15/39	686	715	681
	Government National Mortgage Assn. 769889	Fixed income	4.500%	05/15/41	6,997	7,394	6,751
	Government National Mortgage Assn. 771479	Fixed income	4.000%	11/15/41	887	995	825
	Government National Mortgage Assn. 774768	Fixed income	4.000%	12/15/41	10,818	11,626	9,997
	Government National Mortgage Assn. 553465	Fixed income	4.000%	01/15/42	9,810	10,800	9,212
	Government National Mortgage Assn. BK0838	Fixed income	4.000%	02/20/49	24,009	24,669	21,844
	Government National Mortgage Assn Remic Ser-13-101 AD	Fixed income	2.623%	12/16/53	133,194	128,075	119,648
	Government National Mortgage Assn Remic 2017-29 A	Fixed income	2.400%	01/16/58	267,819	254,803	226,870
	Overseas Private Investment Corp.	Fixed income	3.370%	10/05/34	760,050	760,050	720,983
	Tennessee Valley Authority Bond	Fixed income	1.500%	09/15/31	392,000	391,929	331,397
	Total U.S. government and governmental agencies obligations					49,808,996	47,278,418

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
	<b>Corporate bonds and notes and debentures:</b>							
	Abbvie Inc.	Fixed Income	03/15/35	4.550%	N/A	600,000	561,312	572,826
	Aflac Inc.	Fixed Income	03/15/26	1.125%	N/A	210,000	209,796	204,460
	Amgen Inc.	Fixed Income	06/15/51	4.663%	N/A	500,000	487,950	414,740
	Amgen Inc.	Fixed Income	03/02/33	5.250%	N/A	260,000	259,181	262,387
	Aon Corp	Fixed Income	01/01/27	8.205%	N/A	435,000	573,113	457,142
	Ascension Health	Fixed Income	11/15/39	3.106%	N/A	420,000	440,422	321,006
	AT&T Inc.	Fixed Income	06/01/27	2.300%	N/A	750,000	695,153	719,775
	Bank of America Corp. FLTG	Fixed Income	05/06/30	Floating	N/A	700,000	700,000	631,330
	Bank of American Corp	Fixed Income	03/03/26	4.450%	N/A	310,000	360,189	309,504
	Banker Health	Fixed Income	01/01/50	3.181%	N/A	340,000	350,326	218,212
	Broadcom Inc.	Fixed Income	11/15/32	4.300%	N/A	500,000	458,810	477,600
	Burlington North Santa Fe	Fixed Income	03/15/42	4.000%	N/A	500,000	525,101	431,450
	Carvana Auto Receivables Trust	Fixed Income	01/10/28	7.000%	N/A	31,351	31,293	30,680
	Citigroup Inc.	Fixed Income	06/10/25	4.400%	N/A	500,000	509,545	474,875
	Citigroup Inc FLTG	Fixed Income	02/13/31	Floating	N/A	475,000	582,450	464,455
	CNH Industrial Capital	Fixed Income	04/10/28	4.550%	N/A	500,000	488,440	498,950
	Conocophillips Co.	Fixed Income	01/15/55	5.000%	N/A	300,000	291,471	276,600
	CSX Corp	Fixed Income	11/15/32	4.100%	N/A	500,000	478,295	476,200
	Cummins Inc.	Fixed Income	02/20/34	5.150%	N/A	450,000	456,225	453,550
	Duke Energy Corp	Fixed Income	09/15/33	5.750%	N/A	800,000	824,840	830,080
	Gilead Sciences Inc.	Fixed Income	10/15/33	5.250%	N/A	525,000	524,150	534,608
	Goldman Sachs Group	Fixed Income	04/25/35	5.851%	N/A	900,000	901,530	926,190
	JPMorgan Chase & Co.	Fixed Income	04/22/52	0.000%	N/A	500,000	391,605	339,500
	JP Morgan Chase & Co FLTG	Fixed Income	05/06/30	Floating	N/A	400,000	467,496	386,160
	Keurig Dr Pepper Inc.	Fixed Income	04/15/52	4.500%	N/A	700,000	573,825	561,120
	Kraft Heinz Foods Co.	Fixed Income	05/15/27	3.875%	N/A	500,000	474,935	493,900
	Lowe's Inc.	Fixed Income	04/15/26	2.500%	N/A	415,000	413,594	408,277
	Morgan Stanley	Fixed Income	04/22/39	4.457%	N/A	700,000	700,000	634,620
	MPLX LP	Fixed Income	02/15/29	4.800%	N/A	530,000	628,347	531,749
	Northrop Grumman Corp.	Fixed Income	06/01/34	4.900%	N/A	250,000	246,455	246,025
	Northwestern Mem	Fixed Income	07/15/51	2.633%	N/A	265,000	265,000	155,635
	Nvidia Corp.	Fixed Income	04/01/30	2.850%	N/A	500,000	455,905	470,350
	Oracle Corp	Fixed Income	07/08/34	4.300%	N/A	100,000	102,650	93,010
	PNC Bank NA	Fixed Income	01/22/28	3.250%	N/A	550,000	547,767	534,985
	Salesforce.com Inc.	Fixed Income	07/15/51	2.900%	N/A	395,000	336,805	245,414
	T-Mobile USA Inc.	Fixed Income	02/01/28	4.750%	N/A	550,000	550,088	550,660
	Union Pacific Corp.	Fixed Income	02/01/35	3.375%	N/A	250,000	243,623	219,400
	United Technologies Corp.	Fixed Income	05/15/45	4.150%	N/A	175,000	199,556	139,965
	US Bancorp	Fixed Income	06/12/34	0.000%	N/A	500,000	488,480	516,300
	Vulcan Materials Co.	Fixed Income	12/01/34	4.300%	N/A	800,000	794,352	805,840
	Wells Fargo & Co.	Fixed Income	04/30/41	0.000%	N/A	500,000	405,305	366,400
	Wells Fargo & Company	Fixed Income	01/15/44	5.606%	N/A	500,000	489,560	470,300
	Wrkco Inc.	Fixed Income	03/15/29	4.900%	N/A	750,000	770,783	770,606
	Total corporate bonds and notes						20,255,723	18,926,836

(a) \*\* = Party-in-interest

# Local 804 Welfare Trust Fund

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

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Fair value
	<b>Common collective trusts:</b>							
	Northern Trust Common EAFE Index Fund	Common Collective Trust	Demand	Various	N/A	68,256	8,536,517	11,760,268
	BNY Mellon AFL-CIO CF SL Stock Index Fund	Common Collective Trust	Demand	Various	N/A	324,251	3,297,699	5,542,939
	Total common collective trusts						11,834,216	17,303,207
	Exchange-traded fund:							
	Invesco S&P 500 Equal Weight Ishares	Mutual Fund	Demand	Various	N/A	29,800	3,993,796	5,257,614
		Mutual Fund	Demand	Various	N/A	97,710	9,978,937	10,357,260
	Total exchange-traded fund						13,972,733	15,614,874
	<b>Limited partnership:</b>							
	Boyd Watterson State Government Fund, LP	Limited partnership	Demand	Various	N/A	13,164	15,971,384	13,741,287
	<b>Short-term investment fund:</b>							
	Ishares	Money Market Fund	Demand	Various	N/A	180,368	180,368	180,368
	Weaver Barksdale	Money Market Fund	Demand	Various	N/A	927,697	927,697	927,697
*	Dreyfus Treasury and Agency	Money Market Fund	Demand	Various	N/A	11,074,093	11,074,093	11,074,093
	Total Short-term investment						12,182,158	12,182,158
	Total investments						\$ 124,025,210	\$ 125,046,780

## Electronic Filing Authorization

Name of Plan: Local 804 Welfare Trust Fund

EIN: 11-1637886; PN: 501

Plan Year Ending: May 31, 2025

### Authorization of Practitioner to Electronically Sign and File

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

2024 Form 5500

I understand that in granting this authority that:

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

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

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



Date: 3/13/26

The designated service provider must retain this authorization.

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

**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 **06/01/2024** and ending **05/31/2025**

- 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

<b>1a</b> Name of plan <b>LOCAL 804 WELFARE TRUST FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND</b>  <b>44 S. BAYLES AVENUE, SUITE 302</b>  <b>PORT WASHINGTON NY 11050-3765</b>	<b>1c</b> Effective date of plan <b>1/2/15/1950</b>  <b>2b</b> Employer Identification Number (EIN) <b>11-1637886</b>  <b>2c</b> Plan Sponsor's telephone number <b>(718) 786-5410</b>  <b>2d</b> Business code (see instructions) <b>484110</b>

**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.

<b>SIGN HERE</b>		Date	<b>MARC PANTELEONE</b>
	Signature of plan administrator	3/12/26	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			<b>CHRIS LANGAN</b>
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE		Enter name of individual signing as DFE

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

**Form 5500 (2024)**  
v. 240311

<b>Form 5500</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1510-0110 1510-0048  <b>2024</b>  This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 207f, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information - enter all requested information</b>											
<b>1a Name of plan</b> LOCAL 804 WELFARE TRUST FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b Three-digit plan number (PN)</b></td> <td style="width:40%; text-align: center;"><b>501</b></td> </tr> <tr> <td colspan="2"><b>1c Effective date of plan</b> 12/15/1950</td> </tr> <tr> <td colspan="2"><b>2b Employer identification number (EIN)</b> 11-1637886</td> </tr> <tr> <td colspan="2"><b>2c Plan Sponsor's telephone number</b> (718) 786-5410</td> </tr> <tr> <td colspan="2"><b>2d Business code (see instructions)</b> 484110</td> </tr> </table>	<b>1b Three-digit plan number (PN)</b>	<b>501</b>	<b>1c Effective date of plan</b> 12/15/1950		<b>2b Employer identification number (EIN)</b> 11-1637886		<b>2c Plan Sponsor's telephone number</b> (718) 786-5410		<b>2d Business code (see instructions)</b> 484110	
<b>1b Three-digit plan number (PN)</b>	<b>501</b>										
<b>1c Effective date of plan</b> 12/15/1950											
<b>2b Employer identification number (EIN)</b> 11-1637886											
<b>2c Plan Sponsor's telephone number</b> (718) 786-5410											
<b>2d Business code (see instructions)</b> 484110											
<b>2a Plan sponsor's name (employer, if for a single-employer plan)</b> Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND  44 S. BAYLES AVENUE, SUITE 302  PORT WASHINGTON NY 11050-3765											

**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			MARC PANTELEONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/11/26	CHRIS LANGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

## Local 804 Welfare Trust Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 11-1637886

May 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
<b>5% Transactions by Security - Single Transaction</b>						
AB Interest Bearing Acct	\$ 11,304,020	\$ -	\$ 11,304,020	\$ 11,304,020	\$ -	
AB Interest Bearing Acct	-	11,304,020	11,304,020	11,304,020	-	
Dreyfus Cash Management Fund	10,878,594	-	10,878,594	10,878,594	-	
Dreyfus Cash Management Fund	10,887,322	-	10,887,322	10,887,322	-	
Dreyfus Cash Management Fund	10,831,378	-	10,831,378	10,831,378	-	
Dreyfus Government Cash Management	11,168,339	-	11,168,339	11,168,339	-	
Dreyfus Government Cash Management	11,134,527	-	11,134,527	11,134,527	-	
Dreyfus Government Cash Management	11,163,819	-	11,163,819	11,163,819	-	
Dreyfus Government Cash Management	11,365,037	-	11,365,037	11,365,037	-	
Dreyfus Government Cash Management	8,873,438	-	8,873,438	8,873,438	-	
Dreyfus Government Cash Management	9,848,483	-	9,848,483	9,848,483	-	
Dreyfus Government Cash Management	11,154,866	-	11,154,866	11,154,866	-	
<b>Series of Transactions Exceeding 5% of Plan Assets</b>						
AB Interest Bearing Acct	11,670,431	-	11,670,431	11,670,431	-	
AB Interest Bearing Acct	-	11,670,431	11,670,431	11,670,431	-	
Dreyfus Cash Management Fund	37,961,800	-	37,961,800	37,961,800	-	
Dreyfus Cash Management Fund	-	38,875,539	38,875,539	38,875,539	-	
Dreyfus Government Cash Management	99,053,760	-	99,053,760	99,053,760	-	
Dreyfus Government Cash Management	-	87,979,667	87,979,667	87,979,667	-	
JPMorgan 100% US Treasury Money Market	23,172,350	-	23,172,350	23,172,350	-	
JPMorgan 100% US Treasury Money Market	-	23,615,219	23,615,219	23,615,219	-	