

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE 1b Three-digit plan number (PN) 501 1c Effective date of plan 11/13/1958 2a Plan sponsor's name (employer, if for a single-employer plan) PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE TRUST FUND 2b Employer Identification Number (EIN) 16-6070541 2c Plan Sponsor's telephone number 716-565-0234 2d Business code (see instructions) 238300

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1397
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1377
	6a(2)	1268
	6b	23
	6c	
	6d	1291
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	119

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 4C 4D 4E 4F 4H 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE TRUST FUND</p>	<p>D Employer Identification Number (EIN) 16-6070541</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
THE GUARDIAN

(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
13-5123390	64246	00544427	999	08/01/2024	07/31/2025

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>(a) Total amount of commissions paid 4149</p>	<p>(b) Total amount of fees paid 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
THE SEGAL COMPANY EASTERN STAT 116 HUNTINGTON AVENUE BOSTON, MA 02116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4149			3

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	120508
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE TRUST FUND</p>	<p>D Employer Identification Number (EIN) 16-6070541</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
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	0169461	924	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid 3385	(b) Total amount of fees paid 0
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEGAL COMPANY (NY) CHURCH STREET STATION NEW YORK, NY 10261

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3385			

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

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

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

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

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	(c) Amount	(d) Purpose	

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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	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	138788
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE TRUST FUND	D Employer Identification Number (EIN) 16-6070541	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

SUE BERNAT

16-6070541

(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 50	EMPLOYEE	123934	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)

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 50	NONE	115833	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)

WENDY STYN

16-6070541

(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 50	EMPLOYEE	56477	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)

TRONCONI SEGARRA & ASSOCIATES LLP

04-3728817

(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 50	NONE	49445	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)

NANCY HADDAD

16-6070541

(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 50	EMPLOYEE	48658	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)

VELITCHKA KIREVA

16-6070541

(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 50	EMPLOYEE	46441	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)

VICTORIA ANTONICELLI

16-6070541

(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 50	EMPLOYEE	45449	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

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 50	NONE	38808	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)

LIPSITZ GREEN SCIME CAMBRIA LLP

16-0905097

(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 50	NONE	34399	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)

WILMINGTON TRUST

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	18159	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE TRUST FUND	D Employer Identification Number (EIN) 16-6070541

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3283805	3171430
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2059941	2271573
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	48643	1390432
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4446092	4619830
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26603093	29078604
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	96828	73878
f Total assets (add all amounts in lines 1a through 1e).....	1f	36538402	40605747
Liabilities			
g Benefit claims payable.....	1g	448579	875429
h Operating payables.....	1h	93628	63866
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1781024	1680591
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2323231	2619886
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34215171	37985861

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	14335376	
(B) Participants.....	2a(1)(B)	726870	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15062246
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	209521	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		209521
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	846085	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		846085
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3447529	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3402363	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		45166
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1562673
c Other income	2c		1474965
d Total income. Add all income amounts in column (b) and enter total	2d		19200656

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11348038	
(2) To insurance carriers for the provision of benefits	2e(2)	2414733	
(3) Other	2e(3)	664512	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14427283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	380630	
(2) Contract administrator fees	2i(2)	434089	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	49445	
(5) Investment advisory and investment management fees	2i(5)	56967	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	115833	
(8) Legal fees	2i(8)	34999	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-69280	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1002683
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15429966

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3770690
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TRONCONI SEGARRA & ASSOCIATES**

(2) EIN: **04-3728817**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**Painters District Council No. 4
Health and Welfare Trust Fund**

**Financial Statements and
Supplemental Schedules**

May 31, 2025 and 2024

**Painters District Council No. 4
Health and Welfare Trust Fund**
Financial Statements

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Independent Auditors' Report

To the Board of Trustees of
Painters District Council No. 4
Health and Welfare Trust Fund
Cheektowaga, New York

Opinion

We have audited the accompanying financial statements of Painters District Council No. 4 Health and 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 of benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles general accepted in the United States of America ("U.S. GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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.

Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) at May 31, 2025, of reportable transactions for the year ended May 31, 2025, of administrative expenses for the years ended May 31, 2025 and 2024, and of health and supplemental unemployment employers' and members' contributions, benefit costs, administrative expenses, investment income, and other income for the year ended May 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) is 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules of assets (held at end of year) and of reportable transactions, 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 schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of the supplemental schedules of assets (held at end of year) and of reportable transactions are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Tronconi Segarra & Associates LLP

Williamsville, New York

March 16, 2026

Painters District Council No. 4
Health and Welfare Trust Fund
Statements of Net Assets Available for Benefits
May 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	\$ 33,698,434	\$ 31,049,185
Receivables		
Employer contributions, net	2,271,573	2,059,941
Due from service providers	263,892	0
Due from stop loss carrier	1,060,000	0
Due from related party	31,857	27,439
Interest and dividends	16,377	19,645
Total receivables	3,643,699	2,107,025
Cash	3,171,430	3,283,805
Prepaid expenses	50,163	28,998
Furniture and equipment, net	12,904	15,774
Right of use asset – operating lease	60,974	81,054
Total assets	40,637,604	36,565,841
Liabilities		
Accounts payable	33,507	61,077
Accrued payroll and other accrued expenses	30,359	32,551
Due to related parties	1,627,311	1,688,566
Deferred revenue	24,163	38,843
Operating lease obligation	60,974	81,054
Total liabilities	1,776,314	1,902,091
Net assets available for benefits	\$ 38,861,290	\$ 34,663,750

See independent auditors' report and notes to financial statements.

Painters District Council No. 4
Health and Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
for the years ended May 31, 2025 and 2024

	2025	2024
<i>Additions to Net Assets</i>		
Investment income		
Interest and dividends	\$ 1,058,539	\$ 1,013,998
Net appreciation in fair value of investments	1,607,839	2,036,832
	2,666,378	3,050,830
Less: investment fees	56,967	57,473
Net investment income	2,609,411	2,993,357
Employers' contributions	14,335,376	15,219,850
Member self-pay premiums	726,870	679,810
Total contributions and premiums	15,062,246	15,899,660
Prescription rebates	355,105	461,871
Stop loss recoveries	1,060,000	0
Other income	0	38,164
Total additions	19,086,762	19,393,052
<i>Deductions from Net Assets</i>		
Benefit costs		
Bereavement	8,100	8,700
Dental insurance premiums	116,676	98,355
Disability and workers' compensation	20,350	19,000
Group health and life insurance premiums	314,599	455,446
Holiday	1,641,740	1,682,070
Medical and health reimbursements	1,265,647	1,110,027
Medical claims	3,510,664	4,007,160
Optical	37,791	2,916
Payroll taxes on benefits	664,512	705,666
Prescription claims	1,653,242	1,431,714
Stop loss insurance	330,216	276,219
Supplemental unemployment	932,781	998,929
Vacation	3,504,115	3,849,902
Total benefit costs	14,000,433	14,646,104
Administrative expenses, net of reimbursements	888,789	1,167,945
Total deductions	14,889,222	15,814,049
Net increase	4,197,540	3,579,003
<i>Net Assets Available for Benefits</i>		
Beginning of year	34,663,750	31,084,747
End of year	\$ 38,861,290	\$ 34,663,750

See independent auditors' report and notes to financial statements.

Painters District Council No. 4
Health and Welfare Trust Fund
Statements of Benefit Obligations
May 31, 2025 and 2024

	2025	2024
<i>Amounts Currently Payable to or for Participants</i>	\$ 258,315	\$ 309,799
<i>Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amount</i>		
Medical and prescription claims incurred but not reported	617,114	138,780
Accumulated eligibility credits	116,000	128,000
Balance, end of year	733,114	266,780
<i>Plan's Total Benefit Obligations</i>	\$ 991,429	\$ 576,579

See independent auditors' report and notes to financial statements.

Painters District Council No. 4
Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations
for the years ended May 31, 2025 and 2024

	2025	2024
<i>Amounts Currently Payable to or for Participants</i>		
Balance, June 1	\$ 309,799	\$ 139,640
Benefits reported and approved for payment	13,948,949	14,816,263
Benefits paid	(14,000,433)	(14,646,104)
Balance, May 31	258,315	309,799
<i>Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts</i>		
Balance, June 1	266,780	394,418
Medical and prescription claims incurred but not reported	478,334	(124,885)
Accumulated eligibility credits	(12,000)	(2,753)
Balance, May 31	733,114	266,780
<i>Plan's Total Benefit Obligations, May 31</i>	\$ 991,429	\$ 576,579

See independent auditors' report and notes to financial statements.

Painters District Council No. 4 Health and Welfare Trust Fund

Notes to Financial Statements

1. Description of Plan

The following description of the Painters District Council No. 4 Health and Welfare Trust Fund (the “Plan”) provides only general information. Participants should refer to the Plan and trust agreement and subsequent amendments, as well as the Plan’s summary of benefits and subsequent material modifications to Plan benefits, for a complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan, covering members of Painters District Council No. 4 (the “District Council”) whose participating employers contribute to the Plan under terms of collective bargaining agreements with the District Council. The primary collective bargaining agreement governing the District Council and participating employers expires April 30, 2027. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan became effective on November 13, 1958. Plan participants include members of local Painters and Glaziers and Glassworkers unions throughout Western and Central New York.

Administration – The Plan is administered by the Board of Trustees, consisting of members appointed by both employers and the District Council. The Plan utilized Highmark Blue Cross Blue Shield of Western New York (“Highmark”) to administer self-insured medical and prescription claims processing services through June 30, 2024. Effective July 1, 2024, the Plan utilizes Aetna for this administration. The Plan also utilizes Aetna to provide fully insured dental benefits and The Guardian Life Insurance Company of America to provide group life insurance benefits to eligible participants. The Plan utilizes Highmark to provide fully insured medical benefits to certain retired participants of the Plan. Wilmington Trust is the custodian of the Plan’s investments (the “Custodian”).

Eligibility – In order to be entitled to health and hospitalization coverage under the Plan, members must be working in covered employment or available for work in covered employment and accumulate a minimum balance of \$1,500 in their health care account. A participant’s eligibility and coverage will terminate if they voluntarily leave covered employment and/or are not available for work in the industry.

Contributions – Contributions to the Plan are provided primarily by participating employers under provisions of the collective bargaining agreements with the District Council. Participating employers contribute \$8.54 to \$12.30 per hour worked to members’ individual participant accounts for Journeymen Painters, and \$10.35 to \$12.05 per hour worked for Journeymen Glaziers, as defined by jurisdiction, at May 31, 2025.

Participating employers contributed \$8.54 to \$12.30 per hour worked to members’ individual participant accounts for Journeymen Painters, and \$10.10 to \$11.35 per hour worked for Journeymen Glaziers, as defined by jurisdiction, at May 31, 2024.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

Participating employers contribute \$1.90 to \$8.36 per hour worked to members' individual participant accounts for Apprentice Painters and Glaziers, at May 31, 2025 and 2024, depending on years enrolled in the apprenticeship program. The supplemental unemployment contribution rate was \$1.05 per hour worked for eligible Painters at May 31, 2025 and 2024. At the discretion of the Board of Trustees, the Plan may assess a 1% late fee to employers who fail to remit contributions within the required time period. Late fees assessed are immaterial to total Plan assets and are included in employers' contributions and assessments in the accompanying statements of changes in net assets available for benefits. At the discretion of the District Council, an employer may be required to post a \$25,000 surety bond to serve as collateral for fringe benefits.

Retired union members may elect to contribute to the Plan to participate in group health insurance coverage available through the Plan. Retired union members having group health insurance coverage through the Plan must contribute the full cost of monthly premiums.

Active members may also contribute to the Plan from time-to-time to participate in group health insurance coverage should their individual participant account fall below the minimum balance to cover the monthly premium. Retired and active members' contributions are included in members' contributions in the accompanying statement of changes in net assets available for benefits.

Health Benefits – The Plan provides for health (hospital, surgical, major medical, optical), prescription drug, and dental benefits to eligible participants. The Plan provides health and prescription benefits on a self-insured basis and utilizes Aetna to administer these benefits. Aetna and Highmark periodically issues rebates to the Plan based on actual utilization of certain drugs. Dental benefits are provided to eligible participants on a fully insured basis through Aetna.

During the years ended May 31, 2025 and 2024, the Plan earned rebates totaling \$355,105 and \$461,871, respectively. Of these, \$263,892 and \$0 were outstanding at May 31, 2025 and 2024, respectively.

The Plan also provides general health and hospitalization benefits for eligible retirees and their dependents on a self-pay basis. The benefits are funded through group insurance contracts with Highmark.

Life Insurance Benefits – The Plan provides group life insurance benefits to eligible participants. To become eligible for group term life insurance coverage for the next succeeding coverage period, participants must complete 500 hours of service during the current eligibility period. The eligibility period is the twelve-month period beginning

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

May 1 and ending the following April 30. The coverage period is the twelve-month period immediately following the eligibility period, running from August 1 to the following July 31. Group life insurance benefits are paid from the pooled general account. At May 31, 2025, the future group life insurance benefit cost was estimated to be \$116,000.

Other Benefits – The Plan provides other benefits, including supplemental unemployment (including workers’ compensation and disability), vacation, holiday, bereavement, and jury duty benefits to eligible participants. Coverage and eligibility for these benefits are determined by each participant’s hours worked, during applicable coverage periods, as reported by contributing employers.

Stop Loss Insurance – The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured health and prescription drug benefits. The stop loss policy covers individual participant claims over \$200,000. Subsequent to the year ended May 31, 2025, the Plan was informed that estimated claims in excess of stop-loss coverage totaled approximately \$1,182,106. As these amounts remain subject to final determination as of the financial statement issuance date, the estimated rebate was recorded net of a reserve, resulting in a receivable of approximately \$1,060,000 as of May 31, 2025. The related refunds are expected to be received during the year ending May 31, 2026.

Participant Accounts – Existing participant accounts are split to establish two separate accounts for each participant: a non-taxable health care account (“HCA”) and a taxable wage reimbursement account (“WRA”). Employers’ contributions are allocated to participants’ HCAs and WRAs in accordance with applicable terms established in the Plan’s summary of benefits based on the type of health insurance coverage selected by participants and their respective HCA balance. Effective March 1, 2025, participating employers’ health contributions to the Plan were allocated to participants’ accounts, depending on type of health insurance coverage, as follows:

	Plan 1		Plan 2	
	HCA	WRA	HCA	WRA
Family	97%	3%	97%	3%
Two-Person	90%	10%	85%	15%
Single	60%	40%	55%	45%
			Plans 1 and 2	
			HCA	WRA
No health insurance coverage through Plan (waiver)			20%	80%
No health insurance coverage through Plan (no waiver)			80%	20%

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account. Participants are entitled to tax exclusion on medical expenses only if amounts in the HCA are used for medical expense reimbursement and no other purpose. All medical expenses are deducted from participants’ HCAs and the remaining benefits, including vacation, holiday, bereavement, jury duty, disability, workers compensation, and supplemental employment, are deducted from participants’ WRAs. Payroll taxes on benefits are offset by credits available to the Plan in accordance with regulations under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”). At May 31, 2025 and 2024, there were no such credits available to the Plan.

At May 31, 2025 and 2024, enrolled participants were required to maintain an HCA balance sufficient to allow the Plan’s payment of the participant’s health insurance premiums on a monthly basis. In addition, participants are required to maintain a minimum balance of \$1,500 in their HCA to receive reimbursement of qualifying medical expenses (in excess of the balance in their HCA to cover one month of insurance premiums as applicable). The maximum WRA balance is \$12,500 for each participant. Any amount exceeding this threshold is automatically applied to the participant’s HCA regardless of whether the member has health insurance through the Plan. New participants may not enroll in the Plan’s health insurance until the individual has accumulated a minimum balance of \$1,500.

As of May 31, 2025 and 2024, the Plan’s net assets, as shown on the accompanying statements of net assets available for benefits, include \$20,465,233 and \$20,457,410, respectively, allocated to individual accounts of 2,889 and 2,928 participants, respectively. Participants do not have a vested right to the respective balances in these accounts.

The individual account balances fluctuate based upon employers’ contributions received, benefits disbursed, and fees and expenses charged. Such balances are summarized as follows:

	2025	2024
Unexpended balance, beginning	\$ 20,457,410	\$ 19,704,965
Total contributions allocated to individual eligible participants	14,643,418	15,697,281
Withdrawals for claims and administrative expenses	(14,635,595)	(14,944,836)
Unexpended balance, ending	\$ 20,465,233	\$ 20,457,410

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

As of May 31, 2025 and 2024, the net assets, as shown on the accompanying statements of net assets available for benefits, include \$18,396,057 and \$14,206,340, respectively, in amounts allocable to the pooled, general account, which is available for payments of participants' supplemental unemployment, disability and workers compensation, bonus vacation benefits, administrative expenses, and investment fees.

The Plan assessed a 3% administrative fee to participants to subsidize Plan administrative expenses for the years ended May 31, 2025 and 2024. Administrative fees are charged to participants based on employers' contributions to participants' accounts. Administrative fees are deducted from the participant's WRA on a monthly basis. Additionally, the employer's portion of payroll taxes on benefits previously paid by the Plan is also deducted from the participant's account.

Plan Termination – The Board of Trustees has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, after payment of all obligations and administrative expenses, the assets of the Plan are to be allocated by the Board of Trustees in accordance with the provisions of the Plan.

Tax Status – The Plan obtained its latest determination letter on August 28, 1998 from the Internal Revenue Service that it qualified under Section 501(c)(9) of the Internal Revenue Code (the "Code") and, therefore, is exempt from federal income tax under provisions of Section 501(a). The Plan has been amended since the effective date of the determination letter; however, Plan management and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition – Plan 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 3 for a discussion of fair value measurements.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on disposition of investments are based upon actual costs and selling prices. Net appreciation in fair value of investments includes both realized gains and losses and unrealized appreciation (depreciation) in fair value of investments. Interest income is recorded on the accrual basis and dividends are recorded on an ex-dividend date.

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

Employer Contributions Receivable, net – Contributions receivable from participating employers are recorded at net realizable value. Management closely monitors outstanding balances and estimates uncollectability based on specific existing economic conditions. Upon management's determination of uncollectability, the specific outstanding balance or portion of outstanding balance of such account is written off through the allowance for credit losses. Management recorded an allowance of \$124,000 and \$270,000 for credit losses related to potentially uncollectible employer contributions at May 31, 2025 and 2024, respectively.

Cash – Cash consists of balances in operating checking accounts for use in the payment of participants' benefits and administrative expenses. Cash deposited at financial institutions subjects the Plan to risk as cash may exceed federally insured limits at various times throughout the year.

Furniture and Equipment, net – Furniture and equipment is stated at cost, net of accumulated depreciation. Depreciation is computed using the straight-line method, over the approximate economic useful lives of the assets, which range from 3 to 7 years. The costs of maintenance and repairs are charged to operations as incurred. Significant renewals and betterments are capitalized.

Leases – The Plan primarily leases office space in Cheektowaga, New York. The Plan assesses service arrangements to determine if an asset is explicitly or implicitly specified in the agreement and if the Plan has the right to control the use of the identified asset.

The right-of-use asset is initially measured at cost, which is primarily comprised of the initial amount of the lease liability, plus initial direct costs and lease payments at or before the lease commencement date, less any lease incentives received, and is amortized on a straight-line

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

basis over the remaining lease term. All right-of-use assets are reviewed periodically for impairment. The lease liability is initially measured at the present value of lease payments, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, an appropriate risk-free interest rate. The Plan elected to recognize expenses for leases with a term of 12 months or less on a straight-line basis over the lease term and not to recognize these short-term leases on the balance sheet.

The Plan's lease has a remaining lease term of approximately one year with options to extend. The right-of-use asset and lease liability are calculated including options to extend when Plan management determines that it is reasonably certain that the Plan will exercise those options. In making that determination, Plan management considers various existing economic and market factors, business strategies as well as the nature, length, and terms of the agreement.

Deferred Revenue – Deferred revenue consists of participants' self-pay contributions received prior to May 31, 2025 and 2024 for health insurance coverage from the Plan under policies effective June 1, 2025 and June 1, 2024, respectively. Such contributions amounted to \$24,163 and \$38,843, for the years ended May 31, 2025 and 2024, respectively.

Benefit Costs – Benefit costs are recorded as a deduction from net assets available for benefits when paid.

Benefit Obligations – The Plan accounts for and separately reports the Plan's benefit obligations and changes therein for each Plan year presented. Benefit obligations for the Plan include:

- *Claims payable and currently due for participants* – represents self-insured health and prescription, medical reimbursement, vacation, holiday, and supplemental unemployment claims submitted for payment prior to year-end but paid in the subsequent year;
- *Claims incurred but not reported ("TBNR")* – represents the liability for self-insured health and prescription claims incurred by Plan participants but not yet reported to the Plan for reimbursement. The reserve has been calculated based on claims paid in the following year for claims incurred in a prior year; and,
- *Accumulated eligibility credits* – represent future benefits earned during the current reporting year. Participants are eligible for future life insurance coverage in the following Plan year provided they work specified hours during the current Plan year. The liability associated with these credits is calculated by multiplying the monthly life insurance premium per eligible participant by the number of months of earned coverage.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Benefit obligations do not reduce net assets available for benefits until paid.

Administrative Expenses – Expenses necessary to administer the Plan are paid out of Plan assets.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Reclassification – Reclassifications have been made to certain accounts in the prior year financial statements for comparative purposes in order to conform with the presentation of the current year financial statements.

Subsequent Events – Management has evaluated the effects of all subsequent events for recognition or disclosure, through March 16, 2026, the date the accompanying financial statements were available to be issued.

3. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets of the Plan that were valued using Level 2 inputs at May 31, 2025 and 2024.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that were valued using Level 3 inputs at May 31, 2025 and 2024.

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 relevant 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.

Money Market Fund: Valued at amortized cost, which approximates fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	2025	2024
Level 1		
Money market fund	\$ 4,619,830	\$ 4,446,092
Mutual funds	29,078,604	26,603,093
Total Level 1	33,698,434	31,049,185
Total investments at fair value	\$ 33,698,434	\$ 31,049,185

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

4. Furniture and Equipment, net

Furniture and equipment, net, consisted of the following as May 31, 2025 and 2024:

	2025	2024
Furniture and fixtures	\$ 45,087	\$ 43,252
Office equipment	179,551	179,551
	224,638	222,803
Less: accumulated depreciation	211,734	207,029
	\$ 12,904	\$ 15,774

Depreciation expense totaled \$4,705 and \$4,632 for the years ended May 31, 2025 and 2024, respectively.

5. Operating Lease

Lease expense amounted to \$22,669 for each of the years ended May 31, 2025 and 2024. The weighted-average remaining operating lease term amounted to 2.8 years and 3.8 years as of May 31, 2025 and 2024, respectively. The weighted-average discount rate for operating leases is 3.60% as of May 31, 2025 and 2024.

As of May 31, 2025, future minimum payments due for operating lease liabilities are as follows:

<u>Year ending May 31,</u>		
2026	\$	22,669
2027		22,669
2028		18,889
Total lease payments, undiscounted		64,227
Less: interest		3,253
Total operating lease liability	\$	60,974

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

6. Related Party Transactions

As of May 31, 2025 and 2024, the Plan has amounts due to and from related parties for shared administrative expenses as well as amounts due to related parties for employers' contributions and assessments received on behalf of affiliated organizations as follows:

	2025	2024
Due from related parties:		
PDC4 Finishing Trades Institute of Western & Central New York ("PDC4 FTI")	\$ 31,857	\$ 27,439
Total due from related parties	\$ 31,857	\$ 27,439
Due to related parties:		
International Union of Painters and Allied Trades	\$ 1,273,901	\$ 1,286,460
Painters District Council No. 4 ("PDC4")	137,669	145,078
Glaziers and Glassworkers' Local Union No. 660 Individual Account Plan ("Local No. 660 IAP")	95,023	135,696
PDC4 FTI	54,361	30,233
Participating union contractors	7,703	24,741
Glaziers and Glassworkers' Local Union No. 660 Supplemental Unemployment Benefits Trust Fund ("Local No. 660 SUB")	15,903	22,931
Safety Training Awards Recognition Fund	15,767	19,722
Central New York Painters & Allied Trades Defined Benefit Pension Plan	20,836	18,616
Other affiliates	6,148	5,089
Total due to related parties	\$ 1,627,311	\$ 1,688,566

Related party due to and from balances are unsecured and non-interest bearing and are expected to be paid in the subsequent Plan year.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

6. Related Party Transactions (continued)

Leases – Related party lease expense for the Plan totaled \$22,669 for each of the years ended May 31, 2025 and 2024.

Administrative Services Agreements – The Plan is party to an expense sharing agreement with Local No. 660 SUB, Local No. 660 IAP, and PDC4 FTI for shared office and administrative expenses. Administrative expenses, other than salaries, benefits and lease expense that are not specifically attributable to a particular party are to be shared proportionally based on actual use by each party. Office lease expense and utilities and salaries and benefits are to be allocated based on percentages outlined in the expense sharing agreement. Reimbursements to the Plan for shared expenses amounted to \$59,860 and \$84,565 for the years ended May 31, 2025 and 2024, respectively, and result in a reduction to total administrative expenses as reported on the statements of changes in net assets available for benefits.

7. Reconciliation to Form 5500

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

In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

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

In addition, amounts currently payable to or for participants, beneficiaries and dependents for benefit claims that have been processed and approved for payment prior to the end of the Plan year, but not yet paid as of that date, as well as incurred but not reported claims, are reported as benefit claims payable on Form 5500 Schedule H.

Painters District Council No. 4
Health and Welfare Trust Fund
Notes to Financial Statements (continued)

7. Reconciliation to Form 5500 (continued)

The following is a reconciliation of net assets available for benefits reported in the financial statements and amounts reported in Schedule H of Form 5500 for the years ended May 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per financial statements	\$ 38,861,290	\$ 34,663,750
Benefit claims payable per Form 5500	(875,429)	(448,579)
Net assets available for benefits per Form 5500	\$ 37,985,861	\$ 34,215,171

The following is a reconciliation of benefit costs reported in the financial statements and amounts reported in Schedule H of Form 5500 for year ended May 31, 2025:

Benefit costs per financial statements	\$ 14,000,433
Benefits payable at May 31, 2025 per Form 5500	875,429
Benefits payable at May 31, 2024 per Form 5500	(448,579)
Benefit costs per Form 5500	\$ 14,427,283

Supplemental Schedules

Painters District Council No. 4
Health and Welfare Trust Fund
Schedule of Assets (Held at End of Year)
Form 5500 Schedule H, line 4i
May 31, 2025

EIN: 16-6070541

PN: 501

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>BlackRock Liquidity Treasury Trust Fund</i>	Money Market Fund	\$ 4,619,830	\$ 4,619,830
	<i>Neuberger Berman Strategic Income Fund</i>	Mutual Fund	1,646,087	1,793,020
	<i>Thornburg Limited Term Income Fund</i>	Mutual Fund	3,515,741	3,521,153
	<i>TIAA-CREF Short-Term Bond Fund</i>	Mutual Fund	2,272,789	2,213,215
	<i>Vanguard Group</i>			
	Vanguard Short-Term Inflation-Protected Securities Index Fund	Mutual Fund	2,765,600	2,801,456
	Vanguard Short-Term Federal Fund	Mutual Fund	2,543,294	2,533,219
	Vanguard Short-Term Treasury Fund	Mutual Fund	3,597,872	3,488,002
	Vanguard Growth Index Fund	Mutual Fund	1,141,616	3,209,269
	Vanguard Mid Cap Index Fund	Mutual Fund	616,008	1,051,540
	Vanguard Small-Cap Index Fund	Mutual Fund	606,013	912,593
	Vanguard Value Index Fund	Mutual Fund	1,302,401	2,094,129
	Vanguard 500 Index Fund	Mutual Fund	1,233,356	2,638,037
	Vanguard Developed Markets Index Fund	Mutual Fund	2,290,333	2,822,971
			<u>\$ 28,150,940</u>	<u>\$ 33,698,434</u>

See independent auditors' report.

**Painters District Council No. 4
Health and Welfare Trust Fund**
Form 5500 Schedule H, Line 4j
Schedule of Reportable Transactions
for the year ended May 31, 2025

EIN: 16-6070541

PN: 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series of Transactions of Same Security Exceeding 5% of Value</i>						
Wilmington	Thornburg Limited Term Income Fund	\$ 3,430,000	\$ -	\$ 3,430,000	\$ 3,430,000	\$ -
Wilmington	Thornburg Limited Term Income Fund	3,190	-	3,190	3,190	-
Wilmington	Thornburg Limited Term Income Fund	11,468	-	11,468	11,468	-
Wilmington	Thornburg Limited Term Income Fund	11,484	-	11,484	11,484	-
Wilmington	Thornburg Limited Term Income Fund	11,226	-	11,226	11,226	-
Wilmington	Thornburg Limited Term Income Fund	11,009	-	11,009	11,009	-
Wilmington	Thornburg Limited Term Income Fund	12,839	-	12,839	12,839	-
Wilmington	Thornburg Limited Term Income Fund	12,315	-	12,315	12,315	-
Wilmington	Thornburg Limited Term Income Fund	12,210	-	12,210	12,210	-
					3,515,741	
<i>Individual Transactions Exceeding 5% of Value</i>						
Wilmington	Vanguard Inflation-Protected Securities Fund	-	1,768,412	1,950,849	1,768,412	(182,437)

Note: Columns (e) "Lease Rental" and (f) "Expense Incurred with Transaction" are omitted as they are n/a.

See independent auditors' report.

Painters District Council No. 4
Health and Welfare Trust Fund
Schedules of Administrative Expenses
for the years ended May 31, 2025 and 2024

	2025	2024
Administrative processing fees	\$ 368,992	\$ 374,598
Salaries	324,562	312,154
Credit loss expense (recovery)	(146,000)	95,000
Computer and consulting	93,816	133,990
Employee benefits	56,068	46,874
Insurance	55,022	52,416
Accounting and auditing	49,445	72,509
Legal	34,999	54,629
Office	30,597	30,978
Payroll taxes	27,128	25,977
Lease expense	22,669	22,669
Bank charges	13,529	17,241
Utilities and telephone	7,738	7,261
Depreciation	4,705	4,632
Meetings	2,549	1,512
Miscellaneous	2,830	70
	948,649	1,252,510
Less: reimbursements from affiliated funds	59,860	84,565
	\$ 888,789	\$ 1,167,945

See independent auditors' report.

Painters District Council No. 4
Health and Welfare Trust Fund

*Schedule of Health and Supplemental Unemployment Employers' & Members' Contributions,
Benefit Costs, Administrative Expenses, Investment Income, and Other Income
for the year ended May 31, 2025*

	Health	S.U.B.	Combined
<i>Employers' and Members' Contributions and Assessments</i>	\$ 14,619,396	\$ 442,850	\$ 15,062,246
<i>Benefit Costs</i>			
Bereavement	8,100	0	8,100
Dental insurance premiums	116,676	0	116,676
Disability and workers' compensation	13,750	6,600	20,350
Group health and life insurance premiums	314,599	0	314,599
Holiday	1,641,740	0	1,641,740
Medical and health reimbursements	1,265,647	0	1,265,647
Medical claims	3,510,664	0	3,510,664
Optical	37,791	0	37,791
Payroll taxes on benefits	660,632	3,880	664,512
Prescription claims	1,653,242	0	1,653,242
Stop loss insurance	330,216	0	330,216
Supplemental unemployment	671,450	261,331	932,781
Vacation	3,439,715	64,400	3,504,115
	13,664,222	336,211	14,000,433
Subtotals - employers' contributions and assessments less benefit costs	955,174	106,639	1,061,813
<i>Administrative Expenses, net</i>			888,789
Net additions before investment income and other income			173,024
<i>Investment Income</i>			
Interest and dividends			1,058,539
Net appreciation in fair value of investments			1,607,839
Less: investment expenses - money management and bank agent fees			56,967
Net investment income			2,609,411
<i>Other Income</i>			1,415,105
Net increase			\$ 4,197,540

See independent auditors' report.

Painters District Council No. 4
Health and Welfare Trust Fund
Schedule of Assets (Held at End of Year)
Form 5500 Schedule H, line 4i
May 31, 2025

EIN: 16-6070541

PN: 501

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
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	Vanguard Value Index Fund	Mutual Fund	1,302,401	2,094,129
	Vanguard 500 Index Fund	Mutual Fund	1,233,356	2,638,037
	Vanguard Developed Markets Index Fund	Mutual Fund	2,290,333	2,822,971
			<u>\$ 28,150,940</u>	<u>\$ 33,698,434</u>

See independent auditors' report.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

1a Name of plan PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 11/13/1958
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE 585 AERO DRIVE CHEEKTOWAGA NY 14225	2b Employer Identification Number (EIN) 16-6070541
	2c Plan Sponsor's telephone number (716) 565-0234
	2d Business code (see instructions) 238300

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	<i>Michael Hogan</i>	03/16/2025	MICHAEL HOGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1397
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1377
a (2) Total number of active participants at the end of the plan year	6a(2)	1268
b Retired or separated participants receiving benefits	6b	23
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	119

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 4C 4D 4E 4F 4H 4Q

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

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