**Quicklinks**

**Back to Company Detail page | New Search**
**Form 5500 | Schedule A (1) | Schedule A (2) | Schedule C | Schedule H | Other Documents |**
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Form **5500**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

**This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).**
**Complete all entries in accordance with the instructions to the Form 5500.**

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
**2004**
**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

**For the calendar plan year 2004 or fiscal plan year beginning** June 01, 2004**, and ending** May 31, 2005

**A** This return/report is for:
(1) [X] a multiemployer plan;
(2) [ ] a single-employer plan (other than a multiple-employer plan);
(3) [ ] a multiple-employer plan;
(4) [ ] a DFE (specify)

**B** This return/report is:
(1) [ ] the first return/report filed for the plan;
(2) [ ] the amended return/report;
(3) [ ] the final return/report filed for the plan;
(4) [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here [X]

**D** If you filed for an extension of time to file, check the box and attach a copy of the extension ap plication [X]

## Part II Basic Plan Information -- enter all requested information.

**1a** Name of plan
LOCAL 804 WELFARE TRUST FUND BOARD OF TRUSTEES

**1b** Three-digit plan number (PN) 501

**1c** Effective date of plan (mo., day, yr.) December 15, 1950

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES
3421 REVIEW AVE
LONG ISLAND CITY, NY 11101-3241

**2b** Employer Identification Number (EIN) 11-1637886

**2c** Sponsor's telephone number 718-786-5410

**2d** Business code (see instructions) 484110

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasona ble cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I hav e examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

| | 03/01/2006 | CHRIS LANGAN |
|---|---|---|
| Signature of plan administrator | Date | Typed or printed name of individual signing as plan administrator |
| | 03/01/2006 | HOWARD REDMOND |
| Signature of employer/plan sponsor/DFE | Date | Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable |

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.** v2.3 Form **5500** (2004)

**3a** Plan administrator's name and address (if same as plan sponsor, enter"Same")
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone no.

| | | | |
|---|---|---|---|
| **6** | Total number of participants at the beginning of the plan year | **6** | 4,892 |
| **7** | Number of participants as of the end of the plan year (welfare plans complete only lines **7a, 7b, 7c,** and **7d**) | | |
| **a** | Active participants | **a** | 4,122 |
| **b** | Retired or separated participants receiving benefits | **b** | 783 |
| **c** | Other retired or separated participants entitled to future benefits | **c** | |
| **d** | Subtotal. Add lines **7a, 7b,** and **7c** | **d** | 4,905 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **e** | |
| **f** | Total. Add lines **7d** and **7e** | **f** | |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribu tion plans complete this item) | **g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **h** | |
| **i** | If any participant(s) separated from service with a deferred vested benefit, enter the number of s eparated participants required to be reported on a Schedule SSA (Form 5500) | **i** | |

**8** Benefits provided under the plan (complete 8a through 8c, as applicable)

**a** ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature co des from the List of Plan Characteristics Codes (printed in the instructions)):

**b** ☒ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature co des from the List of Plan Characteristics Codes (printed in the instructions)):

4A 4B 4D 4E 4F

**9a** Plan funding arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Section 412(i) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)
- **(1)** ☒ Insurance
- **(2)** ☐ Section 412(i) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. Se e instructions.)

**a Pension Benefit Schedules**
- **(1)** ☐ **R** (Retirement Plan Information)
- **(2)** ☐ **T** (Qualified Pension Plan Coverage Information)

  If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year
- **(3)** ☐ **B** (Actuarial Information)
- **(4)** ☐ **E** (ESOP Annual Information)
- **(5)** ☐ **SSA** (Separated Vested participant Information)

**b Financial Schedules**
- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information -- Small Plan)
- **(3)** ☒ 2 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)
- **(7)** ☐ **P** (Trust Fiduciary Information)

**SCHEDULE A**
**Form 5500**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.
**File as an attachment to Form 5500.**
Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only
OMB No. 1210 - 0110

**2004**

**This Form is Open to Public Inspection**

**For the calendar plan year 2004 or fiscal plan year beginning** June 01, 2004**, and ending** May 31, 2005

**A** Name of plan

LOCAL 804 WELFARE TRUST FUND BOARD OF TRUSTEES

**B** Three-digit plan number

501

**C** Plan sponsor's name as shown on line 2a of Form 5500

WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES

**D** Employer Identification Number

11-1637886

## 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

**(a)** Name of insurance carrier

AMALGAMATED LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Aproximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-3980558 | 60216 | 270D55 | 4054 | 07/01/2003 | 06/30/2004 |

**2** Insurance fees and commissions paid to agents, brokers, and other persons:

**Totals**

| Amount of commissions paid | Fees paid / Amount |
|---|---|
| | |

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.** v2.3

**Schedule A (Form 5500) 2004**

**(a)** Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| **(b)** Amount of commissions paid | Fees paid **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each c arrier may be treated as a unit for purposes of this report.

**3** Current value of plan's interest under this contract in the general account at year end

**4** Current value of plan's interest under this contract in separate accounts at year end

**5** Contracts With Allocated Funds

**a** State the basis of premium rates

**b** Premiums paid to carrier

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

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquision or retention of the contract or policy, enter amount

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 ☐

**6** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separat e accounts)

**a** Type of contract **(1)** ☐ deposit administration **(2)** ☐ immediate participation guarantee
**(3)** ☐ guaranteed investment **(4)** ☐ other (specify below)

**b** Balance at the end of the previous year

**c** Additions:

(1) Contributions deposited during the year

(2) Dividends and credits

(3) Interest credited during the year

(4) Transferred from separate account

(5) Other (specify below)

(6) Total additions

**d** Total of balance and additions (add **b** and **c** (6))

**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

(4) Other (specify below)

(5) Total deductions

**f** Balance at the end of the current year (subtract **e**(5) from **d**)

## 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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

| | | | |
|---|---|---|---|
| **a** ☐ Health (other than dental or vision) | **b** ☐ Dental | **c** ☐ Vision | **d** ☐ Life insurance |
| **e** ☒ Temporary disablility (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) | | | |

**8** Experience related contracts

| | | |
|---|---|---|
| **a** Premiums: | | |
| (1) Amount received | $366,594 | |
| (2) Increase (decrease) in amount due but unpaid | | |
| (3) Increase (decrease) in unearned premium reserve | | |
| (4) Earned ((1)+(2)-(3)) | | $366,594 |
| **b** Benefit charges: | | |
| (1) Claims paid | $337,483 | |
| (2) Increase (decrease) in claim reserves | ($1,862) | |
| (3) Incurred claims (add (1) and (2)) | | $335,621 |
| (4) Claims charged | | |
| **c** Remainder of premium: | | |
| (1) Retention charges (on an accrual basis) -- | | |
| (A) Commissions | | |
| (B) Administrative service or other fees | $29,328 | |
| (C) Other specific acquisition costs | | |
| (D) Other expenses | $10,998 | |
| (E) Taxes | $7,332 | |
| (F) Charges for risks or other contingencies | $4,126 | |
| (G) Other retention charges | | |
| (H) Total Retention | | $51,784 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirem ent | | |
| (2) Claim reserves | | $64,463 |
| (3) Other reserves | | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) | | |

**9** Nonexperience-rated contracts

**a** Total premiums or subscription charges paid to carrier

**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, item 2 above, report amount

Specify nature of costs below:

**SCHEDULE A**
**Form 5500**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.
**File as an attachment to Form 5500.**
Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only
OMB No. 1210 - 0110
**2004**
**This Form is Open to Public Inspection**

**For the calendar plan year 2004 or fiscal plan year beginning** June 01, 2004**, and ending** May 31, 2005

**A** Name of plan

LOCAL 804 WELFARE TRUST FUND BOARD OF TRUSTEES

**B** Three-digit plan number 501

**C** Plan sponsor's name as shown on line 2a of Form 5500

WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES

**D** Employer Identification Number

11-1637886

## 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

**(a)** Name of insurance carrier

AMALGAMATED LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Aproximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-3980558 | 60216 | 260B88 | 4085 | 07/01/2003 | 06/30/2004 |

**2** Insurance fees and commissions paid to agents, brokers, and other persons:

**Totals**

| Amount of commissions paid | Fees paid / Amount |
|---|---|

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.** v2.3

**Schedule A (Form 5500) 2004**

**(a)** Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| **(b)** Amount of commissions paid | Fees paid **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each c arrier may be treated as a unit for purposes of this report.

**3** Current value of plan's interest under this contract in the general account at year end

**4** Current value of plan's interest under this contract in separate accounts at year end

**5** Contracts With Allocated Funds

**a** State the basis of premium rates

**b** Premiums paid to carrier

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

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquision or retention of the contract or policy, enter amount

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 ☐

**6** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separat e accounts)

**a** Type of contract **(1)** ☐ deposit administration **(2)** ☐ immediate participation guarantee
**(3)** ☐ guaranteed investment **(4)** ☐ other (specify below)

**b** Balance at the end of the previous year

**c** Additions:

(1) Contributions deposited during the year

(2) Dividends and credits

(3) Interest credited during the year

(4) Transferred from separate account

(5) Other (specify below)

(6) Total additions

**d** Total of balance and additions (add **b** and **c** (6))

**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

(4) Other (specify below)

(5) Total deductions

**f** Balance at the end of the current year (subtract **e**(5) from **d**)

## 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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

| | | | |
|---|---|---|---|
| **a** ☐ Health (other than dental or vision) | **b** ☐ Dental | **c** ☐ Vision | **d** ☒ Life insurance |
| **e** ☐ Temporary disablility (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) | | | |

**8** Experience related contracts

| | | |
|---|---|---|
| **a** Premiums: | | |
| (1) Amount received | $83,175 | |
| (2) Increase (decrease) in amount due but unpaid | | |
| (3) Increase (decrease) in unearned premium reserve | | |
| (4) Earned ((1)+(2)-(3)) | | $83,175 |
| **b** Benefit charges: | | |
| (1) Claims paid | $65,560 | |
| (2) Increase (decrease) in claim reserves | ($13,563) | |
| (3) Incurred claims (add (1) and (2)) | | $51,997 |
| (4) Claims charged | | |
| **c** Remainder of premium: | | |
| (1) Retention charges (on an accrual basis) -- | | |
| (A) Commissions | | |
| (B) Administrative service or other fees | $2,329 | |
| (C) Other specific acquisition costs | | |
| (D) Other expenses | $4,990 | |
| (E) Taxes | $1,663 | |
| (F) Charges for risks or other contingencies | $2,518 | |
| (G) Other retention charges | | |
| (H) Total Retention | | $11,500 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirem ent | | |
| (2) Claim reserves | | $19,929 |
| (3) Other reserves | | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) | | $19,677 |

**9** Nonexperience-rated contracts

| | |
|---|---|
| **a** Total premiums or subscription charges paid to carrier | $69,642 |

**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, item 2 above, report amount

Specify nature of costs below:

**SCHEDULE C**
**(Form 5500)**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

Official Use Only
OMB No. 1210 - 0110

**2004**

**This Form is Open to Public Inspection**

**For the calendar plan year 2004 or fiscal plan year beginning** June 01, 2004 **and ending** May 31, 2005

**A** Name of plan
LOCAL 804 WELFARE TRUST FUND BOARD OF TRUSTEES

**B** Three digit plan number: 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES

**D Employer Identification Number**
11-1637886

## Part I Service Provider Information (see instructions)

**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those li sted below, who received compensation during the plan year: **1** $36,467

**2** On the first item below list the contract administrator, if any, as defined in the instructions. O n the other items, list service providers in descending order of the compensation they received for the services rendered during the plan ye ar. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MEYER, SUOZZI, ENGLISH & KLEIN, P.C | 11-2340639 | CO-COUNSEL |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| COUNSEL FOR RELATED PLANS | | $258,869 | 22 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MAGNACARE MANAGED HEALTH CARE | 11-3038233 | HEALTH CARE CONSULTANT |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | | $245,420 | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| HEALTH PLAN SYSTEM | 01-0589640 | COMPUTER CONSULTANT |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| CONSULT'FOR RELATED PLANS | | $162,391 | 17 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| THE SEGAL COMPANY | 13-1835864 | ACTUARY |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| ACTUARY FOR RELATED PLANS | | $140,008 | 11 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MEDREVIEW | 13-3240352 | MEDICAL REVIEW CONSULTANT |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | | $123,884 | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| STACEY BRAUN ASSOCIATES, INC. | 13-2889432 | INVESTMENT ADVISOR | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| ADVISOR FOR RELATED PLANS | | $111,188 | 20 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| PROSKAUER ROSE, LLP | 13-1840454 | CO-COUNSEL | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| COUNSEL FOR RELATED PLANS | | $99,916 | 22 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| TEAMSTER CENTER SERVICE FUND | 13-1964856 | HEALTH SVR. PROVIDER | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | | $73,238 | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| ASHER MANSDORF DDS | 05-4468927 | DENTAL CONSULTANT | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | | $41,250 | 17 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| BUCHBINDER TUNICK & CO., LLP | 13-1578842 | AUDITOR | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| AUDITOR FOR RELATED PLANS | | $34,000 | 10 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| DR. PHILIP PARIS | 11-2285604 | MEDICAL CONSULTANT | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | | $24,000 | 17 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| AMALGAMATED BANK OF NEW YORK | 13-4920330 | INVESTMENT CUSTODIAN | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| CUSTODIAN - RELATED PLANS | | $13,570 | 18 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| DR. FREDERICK M. TUCCI | 05-8422126 | MEDICAL CONSULTANT | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | | $10,700 | 17 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| AUTOMATIC DATA PROCESSING | 22-1467904 | PAYROLL SERVICE AGENT | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | | $7,588 | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| MICHAEL MELENDEZ | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $25,268 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| THOMAS LAMONTANARO | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $68,550 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position | |
|---|---|---|---|
| ANWAR ZAIDA | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $51,401 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| ANTHONY SCULLY | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $41,212 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| CONCEPCION ACEVEDO | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $43,666 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| LINDA PANTELEONE | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $21,051 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MARC PANTELEONE | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $51,328 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| JAMES SOLIWODA | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $46,872 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| NORMA NEGRON-DAVILA | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $33,748 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| MAGGIE WU | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $67,690 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| JILL PIERACCINI | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $45,463 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| JAMES PANTELEONE | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $38,425 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| KENNETH ROSA | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $35,962 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| | | CONTRACT ADMINISTRATOR | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| | | | 12 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| JANINA JONES | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $21,769 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| LAURA WALDENMAIER | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $35,721 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| NANCY ROSAS | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $33,417 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MIRIAM CAMACHO | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $25,559 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| HELEN DAVIS | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $28,527 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| ELIZABETH MENDOZA | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $26,604 | | 99 |

| **(a)** Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position |
|---|---|---|
| MARILYN SHELTO | 11-1637886 | EMPLOYEE |

| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
|---|---|---|---|
| NONE | $29,105 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| CHRISTINE NICOLETTI | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $31,678 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| CELIA LIAW | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $55,265 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| JEANETTE BROWN | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $25,850 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| KATHY GONZALEZ | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $46,430 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| JOSE MELENDEZ | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $37,448 | | 99 |

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position | |
|---|---|---|---|
| AURORA RAMOS | 11-1637886 | EMPLOYEE | |
| **(d)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions) |
| NONE | $21,644 | | 99 |

**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name (b) EIN
(c) Position
(d) Address
(e) Telephone No.
Explanation

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.** v2.3 — **Schedule C (Form 5500) 2004**

**SCHEDULE H (Form 5500)**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

# 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.**

Official Use Only
OMB No. 1210 - 0110

**2004**

**This Form is Open to Public Inspection**

**For the calendar plan year 2004 or fiscal plan year beginning** June 01, 2004**, and ending** May 31, 2005

**A** Name of plan
LOCAL 804 WELFARE TRUST FUND BOARD OF TRUSTEES

**B** Three digit plan number 501

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES

**D** **Employer Identification Number**
11-1637886

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine th e 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 c(9) through c(14). Do not enter the va lue of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future dat e. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investme nt accounts, also do not complete lines 1d and 1e. See instructions.

| Assets | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | **a** | | $1,490 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | **b(1)** | $2,930,279 | $3,153,400 |
| **(2)** Participant contributions | **b(2)** | | |
| **(3)** Other | **b(3)** | $2,222,215 | $1,610,009 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (incl. money market accounts and certificates of deposit) | **c(1)** | $4,684,292 | $2,320,961 |
| **(2)** U.S. Government securities | **c(2)** | $24,020,169 | $25,314,292 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | **c(3)A** | $3,494,290 | $3,464,224 |
| **(B)** All other | **c(3)B** | $278,096 | $54,991 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | **c(4)A** | | |
| **(B)** Common | **c(4)B** | | |
| **(5)** Partnership/joint venture interests | **c(5)** | | |
| **(6)** Real Estate (other than employer real property) | **c(6)** | | |
| **(7)** Loans (other than to participants) | **c(7)** | | |
| **(8)** Participant loans | **c(8)** | | |
| **(9)** Value of interest in common/collective trusts | **c(9)** | | |
| **(10)** Value of interest in pooled separate accounts | **c(10)** | | |
| **(11)** Value of interest in master trust investment accounts | **c(11)** | | |
| **(12)** Value of interest in 103-12 investment entities | **c(12)** | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | **c(13)** | | |
| **(14)** Value of funds held in insurance co. general account (unallocated contracts) | **c(14)** | | |
| **(15)** Other | **c(15)** | | |
| **d** Employer-related investments: | | | |
| **(1)** Employer securities | **d(1)** | | |
| **(2)** Employer real property | **d(2)** | | |
| **e** Buildings and other property used in plan operation | **e** | $473,458 | $447,253 |
| **f** Total assets (add all amounts in lines 1a through 1e) | **f** | $38,102,799 | $36,366,620 |
| **Liabilities** | | | |
| **g** Benefit claims payable | **g** | $8,571,500 | $9,909,618 |
| **h** Operating payables | **h** | $1,044,162 | $552,218 |

| | | | | |
|---|---|---|---|---|
| **i** Acquisition indebtedness | | **i** | | |
| **j** Other liabilities | | **j** | $134,243 | $140,785 |
| **k** Total liabilities (add all amounts in lines 1g through 1j) | | **k** | $9,749,905 | $10,602,621 |
| **Net Assets** | | | | |
| **l** Net assets (subtract line 1k from line 1f) | | **l** | $28,352,894 | $25,763,999 |

## 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 a mounts to the nearest dollar. DFEs 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 | **a(1)(A)** | $36,776,550 | |
| **(B)** Participants | **a(1)(B)** | $1,733,661 | |
| **(C)** Others (including rollovers) | **a(1)(C)** | | |
| **(2)** Noncash contributions | **a(2)** | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **a(3)** | | $38,510,211 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **b(1)(A)** | $55,978 | |
| **(B)** U.S. Government securities | **b(1)(B)** | $1,097,298 | |
| **(C)** Corporate debt instruments | **b(1)(C)** | $215,894 | |
| **(D)** Loans (other than to participants) | **b(1)(D)** | | |
| **(E)** Participant loans | **b(1)(E)** | | |
| **(F)** Other | **b(1)(F)** | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **b(1)(G)** | | $1,369,170 |
| **(2)** Dividends **(A)** Preferred stock | **b(2)(A)** | | |
| **(B)** Common stock | **b(2)(B)** | | |
| **(C)** Total dividends. Add lines **2b(2)(A)** and **(B)** | **b(2)(C)** | | |
| **(3)** Rents | **b(3)** | | |
| **(4)** Net gain (loss) on sale of assests: **(A)** Aggregate proceeds | **b(4)(A)** | $13,564,446 | |
| **(B)** Aggregate carrying amount (see instructions) | **b(4)(B)** | $13,332,161 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** | **b(4)(C)** | | $232,285 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real Estate | **b(5)(A)** | | |
| **(B)** Other | **b(5)(B)** | $592,286 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **b(5)(C)** | | $592,286 |
| **(6)** Net investment gain (loss) from common/collective trusts | **b(6)** | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | **b(7)** | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | **b(8)** | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | **b(9)** | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | **b(10)** | | |
| **c** Other Income | **c** | | $28,925 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | **d** | | $40,732,877 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | **e(1)** | $16,482,378 | |
| **(2)** To insurance carriers for the provision of benefits | **e(2)** | $16,018,065 | |
| **(3)** Other | **e(3)** | $7,806,414 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | **e(4)** | | $40,306,857 |
| **f** Corrective distributions (see instructions) | **f** | | |
| **g** Certain deemed distributions of participant loans (see instructions) | **g** | | |
| **h** Interest expense | **h** | | |
| **i** Administrative expenses: **(1)** Professional fees | **i(1)** | $532,793 | |
| **(2)** Contract administrator fees | **i(2)** | | |
| **(3)** Investment advisory and management fees | **i(3)** | $111,188 | |
| **(4)** Other | **i(4)** | $2,370,934 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | **i(5)** | | $3,014,915 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | **j** | | $43,321,772 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss) (subtract line 2j from line 2d) | **k** | | ($2,588,895) |
| **l** Transfers of assets | | | |
| **(1)** To this plan | **l(1)** | | |
| **(2)** From this plan | **l(2)** | | |

## Part III Accountant's Opinion

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

**a** **Attached** to this Form 5500 and the opinion is -- **(1)** ☒ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

**b** **Not attached** because:

**(1)** ☐ the Form 5500 is filed for a CCT, PSA, or MTIA

**(2)** ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50

**c** Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and /or 2520.103-12(d) ☐

**d** If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting fi rm)

BUCHBINDER TUNICK & CO., LLP 13-1578842

## Part IV Transactions During Plan Year

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

| During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (see instructions) | **a** | ☐ Yes | ☒ No | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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) | **b** | ☐ Yes | ☒ No | |
| **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) | **c** | ☐ Yes | ☒ No | |
| **d** Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if **"Yes"** is checked) | **d** | ☐ Yes | ☒ No | |
| **e** Was this plan covered by a fidelity bond? | **e** | ☒ Yes | ☐ No | $500,000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **f** | ☐ Yes | ☒ No | |
| **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? | **g** | ☐ Yes | ☒ No | |
| **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? | **h** | ☐ Yes | ☒ No | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if **"Yes"** is checked, and see instructions for format requirements) | **i** | ☒ Yes | ☐ No | |
| **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) | **j** | ☒ Yes | ☐ No | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to anoth er plan or brought under the control of the PBGC? | **k** | ☐ Yes | ☒ No | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? I f yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another pl an(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) |
|---|---|---|

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.** v2.3

**Schedule H (Form 5500) 2004**

**Back to Top**