



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 607
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 607 <b>6a(2)</b> 0 <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 0
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</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 4Q	
<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>IUOE LOCAL 406 WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES - IUOE LOCAL 406 WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>32-0133200</u>	

**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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**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)

ROUEN CABOCHÉ

29210 KORSMANS LANDING DR.  
KATY, TX 77494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	29529	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)

DUPLANTIER, HRAPPMAN, HOGAN & MAHER

1615 POYDRAS ST. STE. 2100  
NEW ORLEANS, LA 70112

72-0567396

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12300	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)

ROBEIN URANN SPENCER PICARD & CANGE

2540 SEVERN AVE. STE 400  
METAIRIE, LA 70002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8467	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"/>

**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.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;"><b>SCHEDULE H</b> <b>(Form 5500)</b></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><b>Financial Information</b></p> <p style="font-size: x-small;">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).</p> <p>► <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p style="font-size: small;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p><b>A</b> Name of plan <b>IUOE LOCAL 406 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ►</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES - IUOE LOCAL 406 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>32-0133200</b></p>	

**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.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	210473	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	3271	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	5549	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	434497	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	421262	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	160807	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	378	
f Total assets (add all amounts in lines 1a through 1e).....	1f	1236237	

**Liabilities**

g Benefit claims payable.....	1g		
h Operating payables.....	1h	13667	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13667	

**Net Assets**

l Net assets (subtract line 1k from line 1f).....	1l	1222570	
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**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(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)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	576	
(B) U.S. Government securities.....	2b(1)(B)	2973	
(C) Corporate debt instruments.....	2b(1)(C)	5449	
(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)		8998
(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)	433	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		433
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	814875	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	853130	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-38255
(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)		-5881
<b>c</b> Other income .....	2c		58
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-34647
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)	1134409	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1134409
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)	8467	
(2) Contract administrator fees.....	2i(2)	29529	
(3) Investment advisory and management fees .....	2i(3)	3625	
(4) Other .....	2i(4)	11893	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		53514
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1187923
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-1222570
<b>l</b> 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: **DUPLANTIER, HRAPMMAN, HOGAN & MAHER**

(2) EIN: **72-0567396**

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

	Yes	No	Amount
<b>4a</b>		X	

		Yes	No	Amount
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>4m</b>		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>4n</b>		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 0.

**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 \_\_\_\_\_.

FINANCIAL R E P O R T  
IUOE LOCAL 406 WELFARE FUND  
DECEMBER 31, 2022 AND 2021

IUOE LOCAL 406 WELFARE FUND

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DECEMBER 31, 2022 AND 2021

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February 4, 2023

To the Board of Trustees of the  
IUOE Local 406 Welfare Fund  
Baton Rouge, Louisiana

### Opinion

We have audited the accompanying financial statements of IUOE Local 406 Welfare Fund , a benefit plan subject to the Employment Retirement Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the statement of net assets available for benefits as of December 31, 2021 (ongoing), and the related statement of changes in net assets available for benefits for the year then ended (ongoing), and the related notes to the financial statements.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of IUOE Local 406 Welfare Fund as of December 31, 2022 (in liquidation) and 2021 (ongoing), and the changes in its net assets available for benefits for the year ended December 31, 2022 (in liquidation) and 2021 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IUOE Local 406 Welfare Fund 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.

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## **Emphasis of Matter—Basis of Accounting**

As discussed in Note 1 to the financial statements, the governing body of IUOE Local 406 Welfare Fund approved a plan of liquidation on October 20, 2022, and management determined liquidation was imminent. As a result, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2021 financial statements to the liquidation basis used in presenting the 2022 financial statements. Our opinion is not modified with respect to that matter.

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

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IUOE Local 406 Welfare Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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.

### **Other Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The other supplemental schedule of administrative expenses for the years ended December 31, 2022 and 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information. Such information is the responsibility of the IUOE Local 406 Welfare Fund 's 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the 2022 financial statements as a whole. The supplemental schedule of assets (acquired and disposed of within year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the IUOE Local 406 Welfare Fund 's 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the 2022 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

  
New Orleans, Louisiana

IUOE LOCAL 406 WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021

	<u>2022</u> <u>(Liquidation Basis)</u>	<u>2021</u> <u>(Accrual Basis)</u>
ASSETS:		
INVESTMENTS - AT FAIR VALUE:		
Cash equivalents	\$ -	\$ 5,549
Fixed income - Mutual funds	-	160,807
Corporate fixed income	-	421,262
U. S. Treasury notes	-	434,497
Total investments	-	1,022,115
RECEIVABLES:		
Accrued interest income	-	3,271
Total receivables	-	3,271
CASH	-	210,473
OTHER ASSETS:		
Property and Equipment, net of accumulated depreciation	-	378
Total assets	-	1,236,237
LIABILITIES:		
Accrued expenses	-	13,667
Total liabilities	-	13,667
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$1,222,570

The accompanying notes are an integral part of these financial statements.

IUOE LOCAL 406 WELFARE FUND  
STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u> <u>(Liquidation Basis)</u>	<u>2021</u> <u>(Accrual Basis)</u>
<b>ADDITIONS TO NET ASSETS:</b>		
Investment income:		
Net depreciation in fair value of investments	\$ -	\$ (33,586)
Loss on liquidation of investments	(44,136)	-
Interest and dividends	9,431	27,359
Total investment loss	<u>(34,705)</u>	<u>(6,227)</u>
Less: investment expenses	3,625	6,682
Net investment loss	<u>(38,330)</u>	<u>(12,909)</u>
Other income:		
Miscellaneous	58	-
Prescriptions rebate	-	1,162
Total other income	<u>58</u>	<u>1,162</u>
Total investment loss and other income	<u>(38,272)</u>	<u>(11,747)</u>
<b>DEDUCTIONS FROM NET ASSETS:</b>		
Benefit payments on behalf of participants:		
Cost differential	1,134,409	635,342
Self-pay relief program	-	128,651
Total benefit payments on behalf of participants	<u>1,134,409</u>	<u>763,993</u>
Other expenses:		
Administrative expenses	49,889	53,960
Total other expenses	<u>49,889</u>	<u>53,960</u>
Total deductions from net assets	<u>1,184,298</u>	<u>817,953</u>
CHANGE IN NET ASSETS	(1,222,570)	(829,700)
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of year	<u>1,222,570</u>	<u>2,052,270</u>
End of year	<u>\$ -</u>	<u>\$ 1,222,570</u>

The accompanying notes are an integral part of these financial statements.

IUOE LOCAL 406 WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF FUND:

The following brief description of the IUOE Local 406 Welfare Fund (the Fund or the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

The Plan, which was established November 8, 2004, began providing comprehensive medical benefits and prescriptions drug benefits, death benefits, accidental death and dismember benefits and loss of sight benefits, effective January 1, 2005. The Plan is subject to provisions of the Employees Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 1, 2006, the Plan implemented a Health Reimbursement Arrangement “HRA” for eligible participants of the Plan. The HRA benefit/all account balances have been eliminated as of November 20, 2019.

Effective November 1, 2016, the Plan entered into a participation agreement with Southern Operators Health Fund (SOHF). Due the participation with SOHF, the Fund is considered to be a “Wasting Trust”, in which participants no longer accrue benefits but will remain in existence for a period of time necessary to pay already accrued benefits. Assets of the Fund will be depleted over time and no new contributions are deposited into the Fund.

Pursuant to the Participation Agreement with SOHF, participating employers make their required contributions directly to SOHF and participant health and welfare coverage is provided and administered through the SOHF Plan.

The Board of Trustees has the right to modify the benefits provided to, and the contributions required of, participants and to terminate the Plan subject to the provisions of ERISA. Under certain conditions, the Plan may be terminated. Upon termination of the Plan, payout of benefits to participants and beneficiaries who meet the qualifications are prioritized as outlined in the Declaration of Trust and as otherwise required by law. Participants should refer to the Agreement and Declaration of Trust for a complete description of the Plan’s termination provisions.

On October 20, 2022, the Board of Trustees approved the termination of the Plan, effective December 31, 2022. As of December 31, 2022, all assets were liquidated and account balances were distributed in accordance with the terms of the Plan.

IUOE LOCAL 406 WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:

For the year ended December 31, 2022, the financial statements were prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America. For the year ended December 31, 2021, the financial statements were prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition:

Investments were reported at their estimated fair values. 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.

Purchases and sales of securities were recorded on a trade-date basis. Interest was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment:

Property and equipment were carried at cost and depreciated using the straight-line method over their estimated useful lives. Maintenance and repairs were charged to changes in net assets as incurred., the costs and accumulated depreciation were removed and a gain or loss is recognized for property and equipment sold or disposed.

Expenses:

Expenses were recorded as incurred.

Payments of Benefits:

Benefit payments on behalf of participants were recorded upon distribution.

IUOE LOCAL 406 WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

3. INCOME TAX STATUS:

The trust was established under the Plan to hold the Plan's assets and was intended to be tax-exempt pursuant to Section 501(c)(9) of the Internal Revenue Code, which makes the trust's net investment income exempt from federal income taxes. The trust obtained a favorable tax determination letter from the Internal Revenue Service (dated March 23, 2007, effective November 8, 2004). The trust has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the trust was designed and operated in compliance with the applicable Internal Revenue Code requirements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Fund and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. BENEFIT OBLIGATIONS:

Effective January 1, 2017, pursuant to the Participation Agreement with Southern Operators Health Fund (SOHF), benefit obligations for outstanding claims and expenses are no longer accrued under the Fund. Claims for participants are administered through the SOHF Plan.

5. SOUTHERN OPERATORS HEALTH FUND PARTICIPATION AGREEMENT:

The Fund entered into a participation agreement with Southern Operators Health Fund (SOHF) on November 1, 2016. Effective January 1, 2017, in accordance with the participation agreement, all health (medical/Rx) and welfare (life/AD&D) benefits are provided under SOHF, with a corresponding termination of those health and welfare benefits under the IUOE 406 Welfare Fund effective December 31, 2016.

The health and welfare coverage provided by the SOHF Plan shall be an hourly contribution rate under its trust agreement at the time coverage is provided. In the event the cost of the SOHF Plan coverage exceeds the hourly contribution amount remitted by employers, the difference shall be paid by IUOE 406 Welfare; however, the cost differential paid by the Fund was limited to \$0.75 per hour for the years ended December 31, 2022 and 2021. Cost differential expense reported for the years ended December 31, 2022 and 2021 was \$1,134,409 and \$635,342, respectively.

The original participation agreement expired December 31, 2017, with an option to extend annually. The participation agreement has been extended through December 31, 2022.

IUOE LOCAL 406 WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

6. COVID-19 PANDEMIC SELF-PAY RELIEF PROGRAM:

During the year 2020, the Trustees of the Fund considered the impact COVID-19 had on the local economy and implemented a Self-Pay Relief Program by which the Fund will provide self-pay assistance for up to three months during the period of August 1, 2020 through December 2020 for IUOE Local 406 participants who are eligible within the SOHF Plan. The program applies to those whose work hours were impacted by COVID-19 issues and did not have enough work hours to maintain coverage under the SOHF Plan. During 2021, the number of self-pay assistance payments was extended from three months to six months to coincide with SOHF Plan policy, and the period of the Self-Pay Relief Program was extended through June 30, 2021. This program does not include COBRA. Self-Relief Program ended in July 2021. For the year ended December 31, 2021, self-pay assistance totaled \$128,651.

7. INVESTMENTS:

As discussed in Note 1, all Plan assets were liquidated as of December 31, 2022. The following table presents a summary of the cost and fair values of investments as of December 31, 2021:

		<u>2021</u>
	<u>Cost</u>	<u>Fair Value</u>
Cash equivalents	\$ 5,549	\$ 5,549
Mutual funds	162,650	160,807
Corporate bonds	409,517	421,262
U. S. Treasury	428,618	434,497
Total	<u>\$ 1,006,334</u>	<u>\$ 1,022,115</u>

During the year ended December 31, 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	<u>2021</u>
Unrealized loss:	
Mutual funds	\$ (1,843)
Corporate bonds	(21,322)
U. S. Treasury	<u>(15,222)</u>
Total unrealized loss	(38,387)
Realized gain	<u>4,801</u>
Net investment depreciation	<u>\$ (33,586)</u>

Upon the liquidation of investments during 2022, the Plan reported a loss of \$44,136.

IUOE LOCAL 406 WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

8. FAIR VALUE MEASUREMENTS:

The Plan’s investments were reported at fair value in the accompanying statement of net assets available for benefit as of December 31, 2021. The methods used to measure fair value may have produced an amount that may not be net realizable value or reflective of the future value. Furthermore, although the Plan believes its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting authoritative literature provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan used the appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measured fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There were no changes in the methodologies used during 2022 or 2021.

*Level 1 Fair Value Measurements:* Fair values of mutual funds and U.S. Treasury Notes are based on quoted market prices in active markets

*Level 2 Fair Value Measurements:* Fair values of the money market government bond account and the corporate bonds are based on yields currently available on comparable securities of issuers with similar credit ratings.

As discussed in Note 1, all assets of the Plan were liquidated as of December 31, 2022. The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2021:

	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>2021</u>				
Money market	\$ 5,549	\$ -	\$ 5,549	\$ -
Mutual funds	160,807	160,807	-	-
Corporate fixed income	421,262	-	421,262	-
U. S. Treasury notes	434,497	434,497	-	-
	<u>\$ 1,022,115</u>	<u>\$ 595,304</u>	<u>\$ 426,811</u>	<u>\$ -</u>

IUOE LOCAL 406 WELFARE FUND  
 NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021

9. PROPERTY AND EQUIPMENT:

As discussed in Note 1, all assets of the Plan were liquidated as of December 31, 2022. The following is a summary of property and equipment valued at cost, less accumulated depreciation as of December 31, 2021.

	<u>2021</u>
Furniture and fixtures	\$ 4,983
Computer software and hardware	53,459
	<u>58,442</u>
Less: Accumulated depreciation	<u>(58,064)</u>
Net property and equipment	<u><u>\$ 378</u></u>

Depreciation expense for each of the years ended December 31, 2022 and 2021 was \$19.

10. CONCENTRATIONS OF CREDIT RISK:

At December 31, 2021, financial instruments that potentially subjected the Fund to concentrations of credit risk consisted principally of cash and cash equivalent accounts in financial institutions. All deposits were fully insured as of December 31, 2021.

11. RISKS AND UNCERTAINTIES:

At December 31, 2021, investments of the Fund were exposed to various risks such as interest rate, market and credit risks.

IUOE LOCAL 406 WELFARE FUND  
 OTHER SUPPLEMENTARY INFORMATION  
 SCHEDULES OF ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Bank fees	\$ 461	\$ 506
Computer supplies and maintenance	1,627	1,113
Contract labor - administrator	29,529	27,420
Depreciation	19	19
Insurance - general liability, fiduciary, cyber	8,348	8,126
Legal and accounting	8,467	15,472
Loss on disposal of assets	359	-
Office supplies, postage and printing	15	201
Travel and meetings	<u>1,064</u>	<u>1,103</u>
 Total administrative expenses	 <u>\$ 49,889</u>	 <u>\$ 53,960</u>

IUOE LOCAL 406 WELFARE FUND  
 EIN 32-0133200 PLAN #501  
 FORM 5500, SCHEDULE H, LINE 4i  
 SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)  
DECEMBER 31, 2022

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of Investment			(c) Costs of Acquisitions	(d) Proceeds of Distributions
	Maturity date	Interest rate	Collateral, Par, or Maturity Value		
Goldman Sachs Government Fund - Cusip #38141W273	n/a	n/a	n/a	<u>\$ 985,096</u>	<u>\$ 990,645</u>