

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</u></p> <p><u>159-18 NORTHERN BOULEVARD</u> <u>FLUSHING, NY 11358</u></p>	<p>1c Effective date of plan <u>07/01/1975</u></p> <p>2b Employer Identification Number (EIN) <u>11-2392159</u></p> <p>2c Plan Sponsor's telephone number <u>718-939-1489</u></p> <p>2d Business code (see instructions) <u>237990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/17/2025	EDWIN L. CHRISTIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/17/2025	JOHN F. O'HARE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 11-2392159</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DENTCARE DELIVERY SYSTEMS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-2480692	47112	GG-334	55	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		32823
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 11-2392159</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ZURICH AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-4233459	16535	GTU 4379863	958	04/01/2023	03/31/2024

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND		D Employer Identification Number (EIN) 11-2392159

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE NORTH RIVER INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1964135	21105	NR402962	903	06/01/2023	05/31/2024

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

(a) Total amount of commissions paid 57569	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

THE SEGAL COMPANY

**333 WEST 34TH STREET
NEW YORK, NY 10001**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
57569			3

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1046710
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND		D Employer Identification Number (EIN) 11-2392159

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	537	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1759872
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND		D Employer Identification Number (EIN) 11-2392159	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	C4573 CP4573	871	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 22909	(b) Total amount of fees paid 0
---	--

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

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

THE SEGAL COMPANY

**333 WEST 34TH ST
NEW YORK, NY 10001**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22909			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	458173
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND	D Employer Identification Number (EIN) 11-2392159	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

ANTHEM BLUE CROSS

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	628571	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)

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(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 15 50	AUDITOR	159835	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)

LABOR FIRST, LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	150988	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 53	NONE	118330	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)

HEALTH BENEFITS RESEARCH INC.

27-3458128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	52186	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)

SAGE ADVISORY SERVICES, LTD. CO.

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	51189	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELTA DENTAL OF NEW YORK

11-1980218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	49404	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)

BRADY, MCGUIRE & STEINBERG, P.C.

13-4089943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	48556	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
15 50	NONE	42539	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TELEMEDICINE MANAGEMENT, INC.

26-1306606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	31569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	20750	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)

CUNNINGHAM & CUNNINGHAM, LLP

06-1506457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KAUFF, MCGUIRE & MARGOLIS, LLP

13-3573855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESCO ADVISERS, INC.

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	11283	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)

OPTUMRX, INC

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	54	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUMRX, INC	99	9391
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALL PARTICIPATING PROVIDERS	PHARMACY SUBMISSION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</u>	D Employer Identification Number (EIN) <u>11-2392159</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RHUMBLINE S&P INDEX POOLED TRUST</u>	
b Name of sponsor of entity listed in (a):	<u>RHUMBLINE ADVISERS CORP.</u>	
c EIN-PN <u>04-6752198-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2842086</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INVESCO INSTITUTIONAL TRUST BALANCE</u>	
b Name of sponsor of entity listed in (a):	<u>INVESCO ASSET MANAGEMENT</u>	
c EIN-PN <u>27-3783895-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3152105</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND	D Employer Identification Number (EIN) 11-2392159	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	967025	907513
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10283	8540
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2085584	1952687
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3957368	3784303
(2) U.S. Government securities	1c(2)	12321595	12715537
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2445173	2739757
(B) All other	1c(3)(B)	7139107	5596997
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	8159936	5994191
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	295211	117528
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	275353	243602
f Total assets (add all amounts in lines 1a through 1e)	1f	37656635	34060655
Liabilities			
g Benefit claims payable	1g	3603000	3497000
h Operating payables	1h	73004	78559
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3676004	3575559
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33980631	30485096

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	26920615	
(B) Participants	2a(1)(B)	207881	
(C) Others (including rollovers)	2a(1)(C)	23767	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27152263
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	131108	
(B) U.S. Government securities	2b(1)(B)	605347	
(C) Corporate debt instruments	2b(1)(C)	430636	
(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)		1167091
(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)	15089	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15089
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	21797715	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21792313	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5402
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-44772	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-44772

		(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)		834256
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		29129329

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28243436	
(2) To insurance carriers for the provision of benefits.....	2e(2)	3450813	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31694249
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	331129	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	88465	
(4) IQPA audit fees.....	2i(4)	62015	
(5) Investment advisory and investment management fees	2i(5)	87182	
(6) Bank or trust company trustee/custodial fees	2i(6)	3952	
(7) Actuarial fees	2i(7)	111056	
(8) Legal fees	2i(8)	75282	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	171534	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		930615
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32624864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3495535
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



Please Reply to:

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Independent Auditor's Report

Board of Trustees
 International Union of Operating Engineers Local 14-14B
 Welfare Fund

Opinion

We have audited the accompanying financial statements of the International Union of Operating Engineers Local 14-14B Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 27 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

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Hauppauge, New York
March 12, 2025

**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE
FUND**

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

YEARS ENDED JUNE 30, 2024 AND 2023

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Independent Auditor's Report

Board of Trustees
 International Union of Operating Engineers Local 14-14B
 Welfare Fund

Opinion

We have audited the accompanying financial statements of the International Union of Operating Engineers Local 14-14B Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

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

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

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Hauppauge, New York
March 12, 2025

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 3,784,303	\$ 3,957,368
U.S. government securities	12,715,537	12,321,595
Corporate debt instruments	8,336,754	9,584,280
103-12 investment entities	5,994,191	8,159,936
Registered investment companies	<u>117,528</u>	<u>295,211</u>
Total investments	30,948,313	34,318,390
Receivables		
Employers' contributions	8,540	10,283
Accrued interest/dividends	205,045	163,555
Related organizations	40,401	5,645
Prescription rebates	1,130,529	971,507
Stop loss reimbursements	576,712	944,877
Cash	907,513	967,025
Other assets	<u>243,602</u>	<u>275,353</u>
Total assets	<u>34,060,655</u>	<u>37,656,635</u>
Liabilities		
Accounts payable	<u>78,559</u>	<u>73,004</u>
Total liabilities	<u>78,559</u>	<u>73,004</u>
Net assets available for benefits	<u>\$ 33,982,096</u>	<u>\$ 37,583,631</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 960,240	\$ 436,594
Interest	<u>1,016,826</u>	<u>722,818</u>
Total investment income	1,977,066	1,159,412
Less investment expenses	<u>(91,134)</u>	<u>(101,344)</u>
Net investment income	1,885,932	1,058,068
Contributions		
Participants'	207,881	231,328
Employers'	26,920,615	26,741,666
Other income	<u>23,767</u>	<u>29,388</u>
Total additions	<u>29,038,195</u>	<u>28,060,450</u>
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care		
Active participants	26,628,744	25,960,730
Retired participants	1,397,192	1,908,275
Group health insurance premiums		
Active participants	448,919	496,573
Retired participants	1,942,386	1,945,471
Group life insurance premiums		
Active participants	33,798	33,798
Stop loss insurance premiums		
Active participants	1,003,580	547,210
Retired participants	43,130	34,517
Death		
Active participants	55,000	87,500
Retired participants	<u>247,500</u>	<u>135,000</u>
Total benefits paid	31,800,249	31,149,074
Administrative expenses	<u>839,481</u>	<u>864,929</u>
Total deductions	<u>32,639,730</u>	<u>32,014,003</u>
Net decrease	(3,601,535)	(3,953,553)
Net assets available for benefits		
Beginning of year	<u>37,583,631</u>	<u>41,537,184</u>
End of year	<u>\$ 33,982,096</u>	<u>\$ 37,583,631</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ <u>3,497,000</u>	\$ <u>3,603,000</u>
Postemployment benefit obligations		
Accumulated eligibility credits	<u>28,087,000</u>	<u>26,923,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	49,772,000	44,702,000
Other participants fully eligible for benefits	38,363,000	27,808,000
Participants not yet fully eligible for benefits	<u>64,402,000</u>	<u>61,064,000</u>
	<u>152,537,000</u>	<u>133,574,000</u>
Plan's total benefit obligations	\$ <u>184,121,000</u>	\$ <u>164,100,000</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 3,603,000	\$ 4,042,000
Claims reported and approved for payment	31,694,249	30,710,074
Total benefits paid	<u>(31,800,249)</u>	<u>(31,149,074)</u>
Balance at end of year	<u>3,497,000</u>	<u>3,603,000</u>
 Postemployment benefit obligations		
Balance at beginning of year	26,923,000	27,592,000
Net change during year:		
Accumulated eligibility credits	<u>1,164,000</u>	<u>(669,000)</u>
Balance at end of year	<u>28,087,000</u>	<u>26,923,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	133,574,000	158,038,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned and other changes	4,318,000	5,338,000
Expected benefits paid	(5,380,000)	(5,363,000)
Interest	6,546,000	6,992,000
Change in actuarial assumptions	24,598,000	(28,158,000)
Actuarial experience gain	-	(3,273,000)
Plan amendments	<u>(11,119,000)</u>	<u>-</u>
Balance at end of year	<u>152,537,000</u>	<u>133,574,000</u>
 Plan's total benefit obligations at end of year	<u>\$ 184,121,000</u>	<u>\$ 164,100,000</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the International Union of Operating Engineers Local 14-14B Welfare Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective July 1, 1975 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Union of Operating Engineers Local 14-14B (the "Union") and various employers and employer associations in the construction industry in the New York metropolitan area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide health and other benefits to eligible participants.

Benefits

Benefits are paid by means of a trust and group insurance contracts. For participants not covered by the municipal employees contract with the City of New York, benefits include but are not limited to, death, accidental death and dismemberment, disability, health, dental and prescription drugs. For participants covered by the municipal employees contract with the City of New York, benefits include, dental, death and optical benefits only. Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan.

Participants consist of the following classes

Active participants and dependents

Eligibility for active participants and dependents is based on a benefit year divided into three stamp redemption periods of four months each; March through June, July through October, and November through February. Eligibility is maintained based on total stamp hours redeemed during a redemption period. If at least 250 hours are redeemed during a redemption period, eligibility is maintained for the following redemption period. For each additional 250 hours redeemed during a stamp period, eligibility is maintained for an additional redemption period up to a maximum of three redemption periods.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Participants consist of the following classes (cont'd)

Retired participants and dependents

Participants and their eligible dependents receiving pension benefits from I.U.O.E. Local 14-14B Pension Fund are entitled to certain Plan benefits provided the pensioner retires at age 62 or later and is currently enrolled in the Medical Plan.

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months. Monthly rates are actuarially calculated and vary based on type of benefit program coverage.

Municipal employees

Active participants covered by the municipal employees contract with the City of New York are eligible for certain benefits from the date of hire to the date of termination. City workers who also meet the regular eligibility requirements for Plan coverage (250 hours in covered employment with a contributing employer during a four-month coverage period) will receive full benefits through the Plan.

Retired municipal employees are eligible for certain benefits, if they meet the coverage requirements for the New York City health insurance program at the date of retirement and the City of New York continues contributions on their behalf.

Plan amendments

The Board of Trustees approved the following amendments effective January 1, 2025:

Participants receiving pension benefits from the I.U.O.E. Local 14-14B Pension Fund ("Pension Fund") who have earned at least $\frac{1}{2}$ future service credit under the Pension Fund during the calendar year prior to the year in which the participant retired and their eligible dependents will be entitled to certain Plan benefits. However, if the Participant has been out of covered employment as defined by the Pension Fund for two calendar years, participants and their eligible dependents will be entitled to certain Plan benefits upon completion of five years of future service accrual by the participant under the rules of the Pension Fund. Retirees must be married one year prior to their official date of retirement in order for their spouse to be covered under the Plan.

For spouses working for an employer who offers health coverage, the Plan will require them to enroll in that employer-sponsored coverage to be eligible for coverage under the Plan. If the spouse is eligible for, or becomes eligible for employer-sponsored coverage, but does not enroll, they will not be eligible for coverage under the Plan.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan amendments (cont'd)

Deductibles, co-insurance, and out-of-pocket maximums were increased.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Reciprocal agreements

The Plan is a party to reciprocal agreements with other welfare funds of the International Union of Operating Engineers.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Postretirement benefits obligations

Although the Plan has calculated and reported a postretirement benefit obligation, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to retired participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue any benefits. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing trust assets. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The present value of the expected postretirement benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The 2024 valuation assumption changes increased obligations by \$24,598,000, which is the net result of an increase in obligations due to revising the valuation-year per capita health costs and the future trend of such costs, and a decrease in the obligations due to raising the discount rate.

The 2024 valuation also reflects a decrease in obligations of \$11,119,000 which is the result of plan amendments as described in Note 1 - Plan amendments.

The 2023 valuation assumption changes decreased obligations by \$28,158,000 which was the net result of a decrease in obligations due to revising the valuation-year per capita health costs and the future trend of such costs, raising the discount, and an increase in obligations due to the updating the actuarial factors used to estimate individual retiree and spouse costs by age and gender.

The following were other significant assumptions used in the valuation as of June 30, 2024 and 2023:

Discount rate	2024: 5.25%
	2023: 5.00%
Health Care Trend Rates - Medical and Hospital Pre-Medicare	7.0% graded to 4.5% over 5 years

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Postretirement benefits obligations (cont'd)

Health Care Trend Rates - Medical, Hospital and Prescription Drug Post-Medicare	2024: 6.75% graded to 4.5% over 9 years 2023: 4.5%
Health Care Trend Rates - Prescription Drug Pre-Medicare	9.0% graded to 4.5% over 9 years
Mortality Rates - Healthy Retiree	Headcount-weighted RP 2006 Blue Collar Annuitant Mortality Table with generational projection using Scale MP-2019
Mortality Rates - Disabled Retiree	Headcount-weighted RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2019
Mortality Rates - Non-Retiree	Headcount-weighted RP-2006 Blue Collar Employee Mortality Table with generational projection using Scale MP-2019
Assumed retirement age	1% retiring between ages 55-61 20% retiring between ages 62-65 25% retiring between ages 66-69 100% retired by age 70

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

The average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of June 30, 2024 and 2023 by \$24,487,000 and \$20,748,000, respectively.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Other Plan benefits

Estimated claims payable and claims incurred but not reported are based on payments made in the subsequent plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of active participants are estimated annually at June 30th, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through June 30th.

Administrative expense allocation

The administrative office is occupied by the Union and its related Pension, Welfare, Annuity, Training and Labor Management Cooperation Trust Funds (known collectively as, "the Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended June 30, 2024 and 2023 were \$528,169 and \$564,455, respectively.

Note 2 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: 103-12 investment entities are estimated by the management of the trusts.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 3,784,303	\$ 3,784,303	\$ -	\$ -
U.S. government securities	12,715,537	9,283,806	3,431,731	-
Corporate debt instruments	8,336,754	-	8,336,754	-
Registered investment companies	<u>117,528</u>	<u>117,528</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	24,954,122	\$ <u>13,185,637</u>	\$ <u>11,768,485</u>	\$ <u>-</u>
Investments measured at net asset value	<u>5,994,191</u>			
Investments at fair value	\$ <u>30,948,313</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 3,957,368	\$ 3,957,368	\$ -	\$ -
U.S. government securities	12,321,595	10,009,194	2,312,401	-
Corporate debt instruments	9,584,280	-	9,584,280	-
Registered investment companies	<u>295,211</u>	<u>295,211</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	26,158,454	\$ <u>14,261,773</u>	\$ <u>11,896,681</u>	\$ <u>-</u>
Investments measured at net asset value	<u>8,159,936</u>			
Investments at fair value	\$ <u>34,318,390</u>			

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - 103-12 Investment entity

The Rhumblin S&P Index Pooled Trust ("Rhumblin"), is managed by Rhumblin Advisers Limited Partnership. The net asset value of Rhumblin is determined daily ("Valuation Date"). Redemptions are made on such days, based upon the closing market value of the securities bought or sold as of the Valuation Date, adjusted for the related market effect and transaction costs which are allocated to the applicable participant. The estimated fair value of the Plan's investment as of June 30, 2024 and 2023 was \$2,842,086 and \$5,287,433, respectively.

The Invesco Institutional Trust Balanced-Risk allocation Fund ("Invesco"), is managed by Invesco Advisers, Inc. The net asset value ("NAV") of Invesco is determined as of the close of each business day. Redemptions are made on each business day based upon NAV per unit, determined as of the Invesco's valuation date. The estimated fair value of the Plan's investments as of June 30, 2024 and 2023 was \$3,152,105 and \$2,872,503, respectively.

Note 5 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Note 6 - Cash deposits

Other assets include \$5,000 in cash deposits which are held by the State of New Jersey Workman's Compensation Board as a deposit guarantee for self-insured disability benefits. Employee disability benefits are currently fully insured and the Plan has contacted the State of New Jersey Workman's Compensation Board to request a return of the deposit.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 7 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hourly rates for all hours paid. Contributions from the City of New York are based on annual rates.

Note 8 - Group insurance premiums

Participants covered by the municipal employees contract with the City of New York are covered for dental benefits under a non-experience rated contract with Dentcare Delivery Systems, Inc.

Participants not covered by the municipal employees contract with the City of New York are covered for family leave and disability benefits under a contract with Union Labor Life Insurance Company.

Medicare eligible participants not covered by the municipal employees contract with the City of New York are covered for medical and prescription drug benefits under a contract with Sierra Health and Life Insurance Company, Inc.

Note 9 - Stop loss insurance premiums

The Plan has a stop insurance arrangement in an effort to limit exposure for certain self-insured benefits. For the year ended June 30, 2024 and 2023, stop loss refunds totaling \$1,793,203 and \$1,478,429, respectively, have been netted with benefits paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Note 10 - Lease

The Funds are party to an office and storage space lease agreement with 159-18 Northern Blvd. LLC, a related organization, which has been extended through December 31, 2024. The lease is cancelable by either party on one-year's notice. As such, no right of use asset is recognized. The lease stipulates annual base rent amounts plus a proportionate share of real estate taxes. Rent expense is allocated to each entity based on the estimated benefit received. The Plan's share of occupancy expenses for the years ended June 30, 2024, and 2023 were \$42,424 and \$41,904, respectively.

In December 2024, the lease was renewed through December 31, 2026 and modified to allow the Funds to cancel the lease upon 90-days notice. The landlord may cancel the lease upon one-year's notice.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 11 - Benefit obligations compared to net assets available for benefits

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 33,982,096	\$ 37,583,631
Plan's total benefit obligations	<u>184,121,000</u>	<u>164,100,000</u>
 Plan's total benefit obligations over net assets available for benefits	 <u>\$ (150,138,904)</u>	 <u>\$ (126,516,369)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2024 and 2023 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

Note 12 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 33,982,096	\$ 37,583,631
Less: claims payable and claims incurred but not reported	<u>3,497,000</u>	<u>3,603,000</u>
 Net assets available for benefits as reported on Form 5500	 <u>\$ 30,485,096</u>	 <u>\$ 33,980,631</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

Note 12 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 1,885,932	\$ 91,134	\$ 1,977,066
Contributions	27,128,496	-	27,128,496
Other Income	<u>23,767</u>	<u>-</u>	<u>23,767</u>
 Total additions	 <u>29,038,195</u>	 <u>91,134</u>	 <u>29,129,329</u>
Benefits paid to or for participants	31,800,249	(106,000)	31,694,249
Administrative expenses	<u>839,481</u>	<u>91,134</u>	<u>930,615</u>
 Total deductions	 <u>32,639,730</u>	 <u>(14,866)</u>	 <u>32,624,864</u>
 Net (decrease)	 <u>\$ (3,601,535)</u>	 <u>\$ 106,000</u>	 <u>\$ (3,495,535)</u>

Note 13 - Tax status

The trust funding the Plan has received an exemption letter from the IRS dated August 23, 1977, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	WELLS FARGO	VARIABLE	ON DEMAND	\$ 3,784,303	\$ 3,784,303
				<u>\$ 3,784,303</u>	<u>\$ 3,784,303</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	4.63%	09/15/2026	\$ 1,010,000	\$ 1,004,813	\$ 1,008,658
U.S. TREASURY NOTES	4.63%	11/15/2026	1,291,000	1,302,010	1,290,393
U.S. TREASURY NOTES	4.13%	02/15/2027	910,000	902,682	899,553
U.S. TREASURY NOTES	4.50%	05/15/2027	422,000	420,584	421,439
U.S. TREASURY NOTES	4.38%	08/31/2028	722,000	709,085	721,155
U.S. TREASURY NOTES	4.88%	10/31/2028	824,000	826,771	839,384
U.S. TREASURY NOTES	4.38%	11/30/2028	455,000	460,191	454,927
U.S. TREASURY NOTES	4.00%	01/31/2029	1,088,000	1,076,061	1,071,256
U.S. TREASURY NOTES	4.63%	04/30/2029	213,000	214,557	215,445
U.S. TREASURY NOTES	3.25%	06/30/2029	477,000	460,782	453,169
U.S. TREASURY NOTES	3.75%	05/31/2030	471,000	459,080	456,116
U.S. TREASURY NOTES	3.50%	02/15/2033	316,000	314,975	296,177
U.S. TREASURY NOTES	3.88%	08/15/2033	664,000	632,182	638,788
U.S. TREASURY NOTES	4.00%	02/15/2034	533,000	523,851	517,346
FHLMC PL #SD8207	3.50%	04/01/2052	331,683	327,646	293,755
FNMA PL #MA4580	3.50%	04/01/2052	297,260	294,830	263,289
FHLMC PL #SD8215	4.00%	05/01/2052	391,233	388,693	358,608
FHLMC PL #SD8214	3.50%	05/01/2052	312,192	306,335	276,496
FNMA PL #MA4600	3.50%	05/01/2052	288,723	278,440	255,727
FNMA PL #MA4761	5.00%	08/01/2052	316,613	308,178	306,646
FHLMC PL #SD3977	5.00%	04/01/2053	217,983	214,500	210,874
FNMA PL #CB6475	5.00%	05/01/2053	377,471	368,860	365,101
FHLMC PL #RA9475	5.00%	07/01/2053	118,076	114,824	114,154
FNMA PL #FS6866	5.00%	10/01/2053	225,395	221,539	217,953
FNMA PL #MA5166	6.00%	10/01/2053	204,232	202,644	204,840
FNMA PL #MA5189	5.00%	11/01/2053	126,058	124,458	121,857
FNMA PL #MA5245	5.00%	01/01/2054	232,918	226,276	225,136
FHLMC PL #SD8394	5.00%	01/01/2054	224,817	219,605	217,295
			<u>\$ 13,060,654</u>	<u>\$ 12,904,452</u>	<u>\$ 12,715,537</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CNA FINANCIAL	4.50%	03/01/2026	\$ 127,000	\$ 127,157	\$ 125,025
JPMORGAN CHASE V-D	1.05%	11/19/2026	54,000	53,651	50,731
BANK OF AMER V-Q	1.73%	07/22/2027	150,000	134,630	139,040
BANK OF AMER MTN V-Q	3.82%	01/20/2028	255,000	271,445	245,779
JPMORGAN CHASE V-Q	3.54%	05/01/2028	64,000	60,890	61,080
CAPITAL ONE ABS	4.42%	05/15/2028	209,000	206,319	206,183
GM FINANCIAL SEC ABS	5.25%	12/18/2028	175,000	174,282	173,938
AON NORTH AMERICA	5.15%	03/01/2029	90,000	89,875	89,749
REALTY INCOME CORP	4.00%	07/15/2029	58,000	61,175	54,912
TRUIST FIN MTN V-D	7.16%	10/30/2029	129,000	136,952	136,980
VERIZON MASTER ABS	5.67%	11/20/2029	205,000	210,581	207,489
VERIZON MASTER ABS	5.34%	04/22/2030	295,000	294,935	297,581
AMERICAN EXPRES ABS	5.24%	04/15/2031	110,000	109,975	112,047
PRIMERICA INC	2.80%	11/19/2031	93,000	92,582	77,678
US BANCORP	5.84%	06/12/2034	62,000	62,000	62,862
WELLS FARGO CMO	3.64%	06/15/2048	200,000	218,469	195,750
JPMBB COMM MTGE CMO	3.50%	12/15/2048	98,714	93,651	96,327
JP MORGAN CHASE CMO	3.55%	03/15/2050	171,481	179,932	166,452
BANK CMO	5.72%	06/15/2057	80,000	82,397	82,282
WF-RBS COMMERCL CMO	3.75%	09/15/2057	160,000	170,463	157,872
			<u>\$ 2,786,195</u>	<u>\$ 2,831,361</u>	<u>\$ 2,739,757</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
BNK NOVA SCOTIA CONV	4.50%	12/16/2025	\$ 113,000	\$ 110,203	\$ 111,199
BOEING CO	2.20%	02/04/2026	103,000	103,463	96,808
MYLAN NV	3.95%	06/15/2026	83,000	91,234	80,475
SOUTHERN CO	3.25%	07/01/2026	141,000	134,812	135,559
CNH INDUSTRIAL CAP	1.45%	07/15/2026	96,000	95,240	88,755
CAPITAL ONE FINL V-D	4.99%	07/24/2026	73,000	72,664	72,366
AIR LEASE CORP	1.88%	08/15/2026	87,000	79,841	80,676
AERCAP IRELAND CAP	2.45%	10/29/2026	175,000	161,886	163,245
DUKE ENERGY COR	4.85%	01/05/2027	111,000	110,988	110,143
CITIGROUP INC V-D	1.12%	01/28/2027	171,000	153,811	159,483
GOLDMAN SACHS GP V-D	1.43%	03/09/2027	184,000	181,827	171,690
WARNERMEDIA HLDG INC	3.76%	03/15/2027	96,000	91,788	91,144
T-MOBILE USA INC	3.75%	04/15/2027	95,000	91,809	91,310
LPL HLDGS INC	5.70%	05/20/2027	52,000	52,136	52,205
EDISON INTL	5.75%	06/15/2027	65,000	72,962	65,570
TARGA RESOURCES	5.20%	07/01/2027	71,000	70,893	70,863
VMWARE INC	3.90%	08/21/2027	160,000	148,475	153,512
BARCLAYS PLC V-D	6.50%	09/13/2027	200,000	203,970	203,322
GOLDMAN SACHS GP V-Q	1.95%	10/21/2027	175,000	156,356	161,600
EQUIFAX INC	5.10%	12/15/2027	67,000	65,822	66,710
CITIGROUP INC V-D	3.07%	02/24/2028	159,000	145,018	150,055
CIT GROUP INC	6.13%	03/09/2028	80,000	95,400	81,728
ORACLE CORP	2.30%	03/25/2028	56,000	50,221	50,630
WELLS FARGO MTN V-D	2.39%	06/02/2028	95,000	97,794	87,494
GENERAL MOTORS FINL	5.80%	06/23/2028	122,000	123,260	123,495
WELLS FARGO MTN V-D	4.81%	07/25/2028	107,000	105,596	105,522
GOLDMAN SACHS V-Q	3.81%	04/23/2029	166,000	156,963	157,507
RADIAN GROUP INC	6.20%	05/15/2029	68,000	68,447	68,670
CNO FINANCIAL GROUP	5.25%	05/30/2029	101,000	108,070	97,994
CAPITAL ONE FINL	VAR	06/08/2029	110,000	107,121	112,550
WELLS FARGO CO V-D	5.57%	07/25/2029	126,000	126,917	127,143
EPR PROPERTIES	3.75%	08/15/2029	72,000	61,046	64,196
AIR LEASE CORP MTN	3.25%	10/01/2029	77,000	75,915	69,670
EDISON INTL SR	6.95%	11/15/2029	23,000	24,386	24,453
CITIGROUP INC V-Q	3.98%	03/20/2030	124,000	109,775	117,057
SABINE PASS LIQU	4.50%	05/15/2030	65,000	75,494	62,356
REGIONS FINAN V-D	5.72%	06/06/2030	85,000	84,705	84,949
VIATRIS INC	2.70%	06/22/2030	48,000	39,212	40,740
ENERGY TRANSFER LP	6.40%	12/01/2030	173,000	178,863	181,913
GEN MOTORS FIN	5.75%	02/08/2031	80,000	80,618	80,214
CORPORATE OFFICE	2.75%	04/15/2031	104,000	102,911	85,986
KYNDRYL HOLDINGS INC	3.15%	10/15/2031	63,000	51,782	52,756
KIMCO REALTY CORP	4.60%	02/01/2033	87,000	86,504	81,594
KINDER MORGAN INC	5.20%	06/01/2033	115,000	111,177	111,588
DUKE ENERGY CORP	5.75%	09/15/2033	107,000	106,918	108,656
CORPORATE OFFICE	2.90%	12/01/2033	95,000	89,203	74,800
CAPITAL ONE FINL V-D	5.82%	02/01/2034	111,000	111,089	109,861
SOUTHERN CO	5.70%	03/15/2034	106,000	105,683	107,769
DELL INTL LLC	5.40%	04/15/2034	69,000	69,145	68,274
CITIGROUP INC V-D	6.17%	05/25/2034	195,000	199,394	198,313
CNO FINANCIAL	6.45%	06/15/2034	41,000	40,864	40,961
BANK OF AMERICA V-A	2.48%	09/21/2036	135,000	110,524	107,604
PRUDENTIAL FIN V-Q	5.70%	09/15/2048	69,000	80,126	67,698
BANK OF NY MELLN V-A	3.75%	06/19/2064	69,000	62,330	63,673
CHARLES SCHWAB V-Q	4.00%	06/19/2064	114,000	103,170	106,962

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PNC FINANCIAL V-Q	3.40%	06/19/2064	47,000	42,241	42,167
US BANCORP V-Q	3.70%	06/19/2064	59,000	53,417	53,364
			<u>\$ 5,841,000</u>	<u>\$ 5,691,479</u>	<u>\$ 5,596,997</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
INVESCO INSTITUTIONAL TR BAL-RISK ALLOC FD	149,060	\$ 2,367,934	\$ 3,152,105
RHUMBLINE S&P 500 POOLED INDEX FD	13,119	423,977	2,842,086
		<u>\$ 2,791,911</u>	<u>\$ 5,994,191</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FS GOVT FD PF	117,528	\$ 117,528	\$ 117,528
		\$ 117,528	\$ 117,528

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	GOLDMAN SACHS FS GOVT FD PF	\$ 8,990,272	\$ -	\$ -	\$ -	\$ -	\$ 8,990,272	\$ -
N/A	GOLDMAN SACHS FS GOVT FD PF	-	8,872,740	-	-	8,872,740	8,872,740	-
N/A	U.S. TREASURY NOTES 3.5% 4/30/28	996,130	-	-	-	-	996,130	-
N/A	U.S. TREASURY NOTES 3.5% 4/30/28	-	1,146,194	-	-	1,145,774	1,146,194	420
N/A	U.S. TREASURY NOTES 4.125% 6/15/26	1,106,776	-	-	-	-	1,106,776	-
N/A	U.S. TREASURY NOTES 4.125% 6/15/26	-	1,109,024	-	-	1,106,775	1,109,024	2,249
N/A	U.S. TREASURY BONDS 4.125% 7/31/28	1,079,787	-	-	-	-	1,079,787	-
N/A	U.S. TREASURY BONDS 4.125% 7/31/28	-	1,077,576	-	-	1,079,787	1,077,576	(2,211)
N/A	RHUMBLINE S&P 500 POOLED INDEX FD	-	3,000,000	-	-	2,818,740	3,000,000	181,260

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Bank of New York Mellon- Custodial Fee	\$ 235	\$ 16,667
Invesco Advisers Inc.	11,283	13,810
Rhumblin Advisors	4,000	5,373
Sage Advisory Services, LTD	51,189	49,744
Segal Marco Advisors	20,750	15,750
Wilmington Trust	<u>3,677</u>	<u>-</u>
Total investment expenses	<u><u>\$ 91,134</u></u>	<u><u>\$ 101,344</u></u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 196,490	\$ 187,094
Payroll taxes	14,403	13,174
Employee benefits	120,236	116,645
Occupancy	42,424	41,904
Telephone	7,966	7,229
Office	20,904	18,515
Printing	9,339	8,966
Postage	8,462	9,869
Legal	75,282	77,911
Accounting	62,015	61,630
Payroll audits	88,465	137,585
Actuarial consulting	111,056	79,227
Computer	62,965	55,357
Insurance	14,729	25,906
Depreciation	<u>4,745</u>	<u>23,917</u>
Total administrative expenses	<u>\$ 839,481</u>	<u>\$ 864,929</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	WELLS FARGO	VARIABLE	ON DEMAND	\$ 3,784,303	\$ 3,784,303
				<u>\$ 3,784,303</u>	<u>\$ 3,784,303</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	4.63%	09/15/2026	\$ 1,010,000	\$ 1,004,813	\$ 1,008,658
U.S. TREASURY NOTES	4.63%	11/15/2026	1,291,000	1,302,010	1,290,393
U.S. TREASURY NOTES	4.13%	02/15/2027	910,000	902,682	899,553
U.S. TREASURY NOTES	4.50%	05/15/2027	422,000	420,584	421,439
U.S. TREASURY NOTES	4.38%	08/31/2028	722,000	709,085	721,155
U.S. TREASURY NOTES	4.88%	10/31/2028	824,000	826,771	839,384
U.S. TREASURY NOTES	4.38%	11/30/2028	455,000	460,191	454,927
U.S. TREASURY NOTES	4.00%	01/31/2029	1,088,000	1,076,061	1,071,256
U.S. TREASURY NOTES	4.63%	04/30/2029	213,000	214,557	215,445
U.S. TREASURY NOTES	3.25%	06/30/2029	477,000	460,782	453,169
U.S. TREASURY NOTES	3.75%	05/31/2030	471,000	459,080	456,116
U.S. TREASURY NOTES	3.50%	02/15/2033	316,000	314,975	296,177
U.S. TREASURY NOTES	3.88%	08/15/2033	664,000	632,182	638,788
U.S. TREASURY NOTES	4.00%	02/15/2034	533,000	523,851	517,346
FHLMC PL #SD8207	3.50%	04/01/2052	331,683	327,646	293,755
FNMA PL #MA4580	3.50%	04/01/2052	297,260	294,830	263,289
FHLMC PL #SD8215	4.00%	05/01/2052	391,233	388,693	358,608
FHLMC PL #SD8214	3.50%	05/01/2052	312,192	306,335	276,496
FNMA PL #MA4600	3.50%	05/01/2052	288,723	278,440	255,727
FNMA PL #MA4761	5.00%	08/01/2052	316,613	308,178	306,646
FHLMC PL #SD3977	5.00%	04/01/2053	217,983	214,500	210,874
FNMA PL #CB6475	5.00%	05/01/2053	377,471	368,860	365,101
FHLMC PL #RA9475	5.00%	07/01/2053	118,076	114,824	114,154
FNMA PL #FS6866	5.00%	10/01/2053	225,395	221,539	217,953
FNMA PL #MA5166	6.00%	10/01/2053	204,232	202,644	204,840
FNMA PL #MA5189	5.00%	11/01/2053	126,058	124,458	121,857
FNMA PL #MA5245	5.00%	01/01/2054	232,918	226,276	225,136
FHLMC PL #SD8394	5.00%	01/01/2054	224,817	219,605	217,295
			<u>\$ 13,060,654</u>	<u>\$ 12,904,452</u>	<u>\$ 12,715,537</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CNA FINANCIAL	4.50%	03/01/2026	\$ 127,000	\$ 127,157	\$ 125,025
JPMORGAN CHASE V-D	1.05%	11/19/2026	54,000	53,651	50,731
BANK OF AMER V-Q	1.73%	07/22/2027	150,000	134,630	139,040
BANK OF AMER MTN V-Q	3.82%	01/20/2028	255,000	271,445	245,779
JPMORGAN CHASE V-Q	3.54%	05/01/2028	64,000	60,890	61,080
CAPITAL ONE ABS	4.42%	05/15/2028	209,000	206,319	206,183
GM FINANCIAL SEC ABS	5.25%	12/18/2028	175,000	174,282	173,938
AON NORTH AMERICA	5.15%	03/01/2029	90,000	89,875	89,749
REALTY INCOME CORP	4.00%	07/15/2029	58,000	61,175	54,912
TRUIST FIN MTN V-D	7.16%	10/30/2029	129,000	136,952	136,980
VERIZON MASTER ABS	5.67%	11/20/2029	205,000	210,581	207,489
VERIZON MASTER ABS	5.34%	04/22/2030	295,000	294,935	297,581
AMERICAN EXPRES ABS	5.24%	04/15/2031	110,000	109,975	112,047
PRIMERICA INC	2.80%	11/19/2031	93,000	92,582	77,678
US BANCORP	5.84%	06/12/2034	62,000	62,000	62,862
WELLS FARGO CMO	3.64%	06/15/2048	200,000	218,469	195,750
JPMBB COMM MTGE CMO	3.50%	12/15/2048	98,714	93,651	96,327
JP MORGAN CHASE CMO	3.55%	03/15/2050	171,481	179,932	166,452
BANK CMO	5.72%	06/15/2057	80,000	82,397	82,282
WF-RBS COMMERCL CMO	3.75%	09/15/2057	160,000	170,463	157,872
			<u>\$ 2,786,195</u>	<u>\$ 2,831,361</u>	<u>\$ 2,739,757</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE	
	4.50%	12/16/2025	\$ 113,000	\$ 110,203	\$ 111,199	
BNK NOVA SCOTIA CONV	2.20%	02/04/2026	103,000	103,463	96,808	
BOEING CO	3.95%	06/15/2026	83,000	91,234	80,475	
MYLAN NV	3.25%	07/01/2026	141,000	134,812	135,559	
SOUTHERN CO	1.45%	07/15/2026	96,000	95,240	88,755	
CNH INDUSTRIAL CAP	4.99%	07/24/2026	73,000	72,664	72,366	
CAPITAL ONE FINL V-D	1.88%	08/15/2026	87,000	79,841	80,676	
AIR LEASE CORP	2.45%	10/29/2026	175,000	161,886	163,245	
AERCAP IRELAND CAP	4.85%	01/05/2027	111,000	110,988	110,143	
DUKE ENERGY COR	1.12%	01/28/2027	171,000	153,811	159,483	
CITIGROUP INC V-D	1.43%	03/09/2027	184,000	181,827	171,690	
GOLDMAN SACHS GP V-D	3.76%	03/15/2027	96,000	91,788	91,144	
WARNERMEDIA HLDG INC	3.75%	04/15/2027	95,000	91,809	91,310	
T-MOBILE USA INC	5.70%	05/20/2027	52,000	52,136	52,205	
LPL HLDGS INC	5.75%	06/15/2027	65,000	72,962	65,570	
EDISON INTL	5.20%	07/01/2027	71,000	70,893	70,863	
TARGA RESOURCES	3.90%	08/21/2027	160,000	148,475	153,512	
VMWARE INC	6.50%	09/13/2027	200,000	203,970	203,322	
BARCLAYS PLC V-D	1.95%	10/21/2027	175,000	156,356	161,600	
GOLDMAN SACHS GP V-Q	5.10%	12/15/2027	67,000	65,822	66,710	
EQUIFAX INC	3.07%	02/24/2028	159,000	145,018	150,055	
CITIGROUP INC V-D	6.13%	03/09/2028	80,000	95,400	81,728	
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ORACLE CORP	2.39%	06/02/2028	95,000	97,794	87,494	
WELLS FARGO MTN V-D	5.80%	06/23/2028	122,000	123,260	123,495	
GENERAL MOTORS FINL	4.81%	07/25/2028	107,000	105,596	105,522	
WELLS FARGO MTN V-D	3.81%	04/23/2029	166,000	156,963	157,507	
GOLDMAN SACHS V-Q	6.20%	05/15/2029	68,000	68,447	68,670	
RADIAN GROUP INC	5.25%	05/30/2029	101,000	108,070	97,994	
CNO FINANCIAL GROUP	VAR	06/08/2029	110,000	107,121	112,550	
CAPITAL ONE FINL	5.57%	07/25/2029	126,000	126,917	127,143	
WELLS FARGO CO V-D	3.75%	08/15/2029	72,000	61,046	64,196	
EPR PROPERTIES	3.25%	10/01/2029	77,000	75,915	69,670	
AIR LEASE CORP MTN	6.95%	11/15/2029	23,000	24,386	24,453	
EDISON INTL SR	3.98%	03/20/2030	124,000	109,775	117,057	
CITIGROUP INC V-Q	4.50%	05/15/2030	65,000	75,494	62,356	
SABINE PASS LIQU	5.72%	06/06/2030	85,000	84,705	84,949	
REGIONS FINAN V-D	2.70%	06/22/2030	48,000	39,212	40,740	
VIATRIS INC	6.40%	12/01/2030	173,000	178,863	181,913	
ENERGY TRANSFER LP	5.75%	02/08/2031	80,000	80,618	80,214	
GEN MOTORS FIN	2.75%	04/15/2031	104,000	102,911	85,986	
CORPORATE OFFICE	3.15%	10/15/2031	63,000	51,782	52,756	
KYNDRYL HOLDINGS INC	4.60%	02/01/2033	87,000	86,504	81,594	
KIMCO REALTY CORP	5.20%	06/01/2033	115,000	111,177	111,588	
KINDER MORGAN INC	5.75%	09/15/2033	107,000	106,918	108,656	
DUKE ENERGY CORP	2.90%	12/01/2033	95,000	89,203	74,800	
CORPORATE OFFICE	5.82%	02/01/2034	111,000	111,089	109,861	
CAPITAL ONE FINL V-D	5.70%	03/15/2034	106,000	105,683	107,769	
SOUTHERN CO	5.40%	04/15/2034	69,000	69,145	68,274	
DELL INTL LLC	6.17%	05/25/2034	195,000	199,394	198,313	
CITIGROUP INC V-D	6.45%	06/15/2034	41,000	40,864	40,961	
CNO FINANCIAL	2.48%	09/21/2036	135,000	110,524	107,604	
BANK OF AMERICA V-A	5.70%	09/15/2048	69,000	80,126	67,698	
PRUDENTIAL FIN V-Q	3.75%	06/19/2064	69,000	62,330	63,673	
BANK OF NY MELLN V-A	4.00%	06/19/2064	114,000	103,170	106,962	
CHARLES SCHWAB V-Q						

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PNC FINANCIAL V-Q	3.40%	06/19/2064	47,000	42,241	42,167
US BANCORP V-Q	3.70%	06/19/2064	59,000	53,417	53,364
			<u>\$ 5,841,000</u>	<u>\$ 5,691,479</u>	<u>\$ 5,596,997</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
INVESCO INSTITUTIONAL TR BAL-RISK ALLOC FD	149,060	\$ 2,367,934	\$ 3,152,105
RHUMBLINE S&P 500 POOLED INDEX FD	13,119	423,977	2,842,086
		<u>\$ 2,791,911</u>	<u>\$ 5,994,191</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GOLDMAN SACHS FS GOVT FD PF	117,528	\$ 117,528	\$ 117,528
		<u>\$ 117,528</u>	<u>\$ 117,528</u>

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

EIN 11-2392159, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	GOLDMAN SACHS FS GOVT FD PF	\$ 8,990,272	\$ -	\$ -	\$ -	\$ -	\$ 8,990,272	\$ -
N/A	GOLDMAN SACHS FS GOVT FD PF	-	8,872,740	-	-	8,872,740	8,872,740	-
N/A	U.S. TREASURY NOTES 3.5% 4/30/28	996,130	-	-	-	-	996,130	-
N/A	U.S. TREASURY NOTES 3.5% 4/30/28	-	1,146,194	-	-	1,145,774	1,146,194	420
N/A	U.S. TREASURY NOTES 4.125% 6/15/26	1,106,776	-	-	-	-	1,106,776	-
N/A	U.S. TREASURY NOTES 4.125% 6/15/26	-	1,109,024	-	-	1,106,775	1,109,024	2,249
N/A	U.S. TREASURY BONDS 4.125% 7/31/28	1,079,787	-	-	-	-	1,079,787	-
N/A	U.S. TREASURY BONDS 4.125% 7/31/28	-	1,077,576	-	-	1,079,787	1,077,576	(2,211)
N/A	RHUMBLINE S&P 500 POOLED INDEX FD	-	3,000,000	-	-	2,818,740	3,000,000	181,260

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions)</p> <p>BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</p>	<p>B Employer Identification Number (EIN)</p> <p>11-2392159</p>
<p><input type="checkbox"/> Number, Street, and room or suite no. (if a P.O. box, see instructions)</p> <p>159-18 NORTHERN BOULEVARD</p>	
<p>City or town, state, and ZIP code</p> <p>FLUSHING NY 11358</p>	
<p>C Name of Plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</p>	<p>D Three-digit plan number (PN)</p> <p>501</p>
<p>E Plan Year End Date</p> <p>06/30/2024</p>	

Part II Extension of Time to File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 4 / 15 / 2025 to file Form 5500 series. See instructions.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.



<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2023 or fiscal plan year beginning		07/01/2023	and ending	06/30/2024
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
	C If the plan is a collectively-bargained plan, check here. ▶ <input checked="" type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>				

Part II Basic Plan Information —enter all requested information			
<p>1a Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B WELFARE FD</p>		<p>1b Three-digit plan number (PN) ▶</p>	501
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND</p> <p>159-18 NORTHERN BOULEVARD FLUSHING NY 11358</p>		<p>1c Effective date of plan 07/01/1975</p> <p>2b Employer Identification Number (EIN) 11-2392159</p> <p>2c Plan Sponsor's telephone number (718) 939-1489</p> <p>2d Business code (see instructions) 237990</p>	

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

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

SIGN HERE		3/18/25	<input checked="" type="checkbox"/> EDWIN L. CHRISTIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/18/25	<input checked="" type="checkbox"/> JOHN F. O'HARE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF THE I.U.O.E. LOCAL 14-14B WELFARE FUND 159-18 NORTHERN BOULEVARD FLUSHING NY 11358	3b Administrator's EIN 11-2392159 3c Administrator's telephone number (718) 939-1489
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,364
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	916
a(2) Total number of active participants at the end of the plan year	6a(2)	896
b Retired or separated participants receiving benefits	6b	451
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,347
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	387
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 5
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____
