

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2023</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>OPERATING ENGINEERS HEALTH AND WELFARE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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, OPERATING ENGINEERS HEALTH AND WELFARE FUND</u> <u>100 CORSON ST STE 100</u> <u>PASADENA, CA 91103</u>	1c Effective date of plan <u>11/23/1954</u> 2b Employer Identification Number (EIN) <u>95-6034886</u> 2c Plan Sponsor's telephone number <u>626-356-1000</u> 2d Business code (see instructions) <u>237990</u>

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.	04/08/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16642
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	12309
	6a(2)	12726
	6b	4293
	6c	0
	6d	17019
	6e	
	6f	17019
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1185

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 4Q

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>10</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**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 OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886	

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
BLUE CROSS OF CALIFORNIA (G0200)

(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
95-3760980	NA	278671	2921	02/01/2023	01/31/2024

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

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

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

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

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

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

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

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(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	21363854
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886	

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
HEALTH PLAN OF NEVADA/SIERRA HEALTH & LIFE

(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	SEE FOOTNOTE	463	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	3231641
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

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

KAISER FOUNDATION HEALTH PLAN 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
94-1340523	00000	102902	10495	02/01/2023	01/31/2024

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
---	--------------------------------------

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

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	(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		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)		0
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)		
	(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f		0

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	64659236
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

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	2008	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	(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. **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	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	9744760
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886

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
DELTA DENTAL OF CALIFORNIA

(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
94-1461312	N/A	71754	936	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
---	--------------------------------------

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. **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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	180415
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND</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, OPERATING ENGINEERS HEALTH AND</p>	<p>D Employer Identification Number (EIN) 95-6034886</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
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	5753599	39	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
---	--------------------------------------

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. **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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	6129
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

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
UNITED CONCORDIA 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
86-0307623	85766	SEE FOOTNOTE	4071	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
---	--------------------------------------

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.
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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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	2047801
(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)	2047801
b Benefit charges (1) Claims paid.....		9b(1)	1582225
(2) Increase (decrease) in claim reserves		9b(2)	15891
(3) Incurred claims (add (1) and (2)).....		9b(3)	1598116
(4) Claims charged		9b(4)	1598116
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)	277068
(C) Other specific acquisition costs		9c(1)(C)	
(D) Other expenses		9c(1)(D)	
(E) Taxes		9c(1)(E)	48123
(F) Charges for risks or other contingencies.....		9c(1)(F)	20478
(G) Other retention charges		9c(1)(G)	
(H) Total retention		9c(1)(H)	345669
(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)	127849
(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	
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886	

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
UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, 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
23-7328765	95789	SEE FOOTNOTE	608	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
---	--------------------------------------

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.
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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) 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	154832
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND</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, OPERATING ENGINEERS HEALTH AND</p>	<p>D Employer Identification Number (EIN) 95-6034886</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
PAN-AMERICAN 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
72-0281240	67539	1145-ERP-23	9529	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.

<p>(a) Total amount of commissions paid 153838</p>	<p>(b) Total amount of fees paid</p>
--	---

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
STEALTH PARTNERS GROUP LLC **18700 N HAYDEN RD STE 405**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
153838			

(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.
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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) 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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	2197692
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886	

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
CARELON BEHAVIORAL HEALTH, 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
54-1414194	62199	NONE	9137	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
---	--------------------------------------

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. **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** 0

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)** 0

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

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

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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) **▶ EAP PROGRAM**

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	137590
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 OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

SULLIVAN CURTIS MONROE INS SVCS LLC

95-4076864

(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

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)

OPERATING ENGINEERS FUNDS, INC.

95-2694167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMIN. REIMB.	14124347	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)

ANTHEM BLUE CROSS LIFE & HEALTH INS

95-4331852

(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	2740591	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)

LAQUER URBAN CLIFFORD & HODGE LLP

95-4047729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	528176	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 (WEST ST), INC.

94-1503999

(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	NONE	174598	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)

HUTCHINSON AND BLOODGOOD LLP

95-0858589

(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	NONE	13705	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	424016	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)

WELLS FARGO BANK

41-0449260

(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?
21	NONE	62684	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	96036	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)

EDI HEALTH GROUP

90-0117186

(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?
50 99	NONE	59624	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	148575	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)

LAW OFFICE OF CARROLL & SCULLY INC

94-2690827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	56793	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)

NEPC, LLC

26-1429809

(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 50	NONE	13157	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	5069	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
21	NONE	18025	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)

ACCRETIVE GLOBAL INS SVCS DBA PART

85-3689655

(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	NONE	52554	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)

VISION SERVICE PLAN

94-1632821

(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?
50 99	NONE	191229	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)

JACK V. TUNZI DDS INC

95-4826844

(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	NONE	67910	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 MANAGEMENT SYSTEMS

13-2770433

(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?
49	NONE	157339	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)

CARELON BEHAVIORAL HEALTH, INC.

54-1414194

(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?
23	NONE	231151	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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>OPERATING ENGINEERS HEALTH AND WELFARE FUND</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, OPERATING ENGINEERS HEALTH AND</u>	D Employer Identification Number (EIN) <u>95-6034886</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>NIS TOTAL ABSOLUTE RETURN FUND, LLC</u>		
b Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES, INC.</u>		
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)	
<u>45-4783986-001</u>	<u>C</u>		<u>3425827</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS PREFERRED STOCK FUND II, LLC</u>		
b Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES, INC.</u>		
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)	
<u>16-1626084-002</u>	<u>C</u>		<u>23371499</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS SHORT DURATION HIGH YIELD FD LL</u>		
b Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES, INC.</u>		
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)	
<u>46-2057809-001</u>	<u>C</u>		<u>3665991</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)

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 OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27247781	26056072
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15254366	14784131
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20127506	24440715
(2) U.S. Government securities	1c(2)	13040299	8979535
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	26108514	20040129
(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)	30081249	30463317
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20504824	22517018
(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	200985	200000
f Total assets (add all amounts in lines 1a through 1e)	1f	152565524	147480917
Liabilities			
g Benefit claims payable	1g	182287000	197704000
h Operating payables	1h	1165790	1422167
i Acquisition indebtedness	1i		
j Other liabilities	1j	1130342	1231012
k Total liabilities (add all amounts in lines 1g through 1j)	1k	184583132	200357179
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-32017608	-52876262

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)	288010356	
(B) Participants	2a(1)(B)	20210345	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		308220701
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	93509	
(B) U.S. Government securities	2b(1)(B)	372901	
(C) Corporate debt instruments	2b(1)(C)	952092	
(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)		1418502
(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)	1967348	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1967348
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	47177204	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	46904116	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		273088
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	747281	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3327068
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		68158
c Other income.....	2c		985141
d Total income. Add all income amounts in column (b) and enter total.....	2d		317007287

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	216287448	
(2) To insurance carriers for the provision of benefits.....	2e(2)	105573804	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		321861252
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	176835	
(4) IQPA audit fees.....	2i(4)	129425	
(5) Investment advisory and investment management fees.....	2i(5)	437173	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	86299	
(7) Actuarial fees.....	2i(7)	329338	
(8) Legal fees.....	2i(8)	587121	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	14258498	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		16004689
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		337865941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-20858654
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		5000000
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 _____.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Operating Engineers Health
and Welfare Fund
100 Corson Street
Pasadena, California 91103

Members of the Board:

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, 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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

April 3, 2025

OPERATING ENGINEERS HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	June 30, 2024	June 30, 2023
CASH AND CASH EQUIVALENTS		
Savings Account	\$ 22,571,050	\$ 18,725,937
Sweep Account	887,202	761,289
TOTAL CASH AND CASH EQUIVALENTS	\$ 23,458,252	\$ 19,487,226
INVESTMENTS - AT FAIR VALUE - Schedule 1	82,982,462	90,375,166
RECEIVABLES		
Due from Operating Engineers Funds, Inc.	1,595,298	2,121,105
Employer Contributions	26,056,072	27,247,781
Investment Income	403,256	221,598
Rebates and Subsidies	11,945,612	10,120,086
Stop Loss Recoveries	839,965	-
Settlement Income	-	950,208
Prescription Claims Refunds	-	1,841,369
TOTAL RECEIVABLES	40,840,203	42,502,147
OTHER ASSETS		
Deposit	200,000	200,000
Prepaid Expenses	-	985
TOTAL OTHER ASSETS	200,000	200,985
TOTAL ASSETS	147,480,917	152,565,524
 LIABILITIES		
ACCOUNTS AND EXPENSES PAYABLE		
Accounts Payable	187,160	370,666
Checking Accounts - Outstanding Items	1,070,130	1,130,342
Pending Investment Transactions, Net	160,882	-
Due to Operating Engineers Funds, Inc.	1,235,007	795,124
TOTAL ACCOUNTS AND EXPENSES PAYABLE	2,653,179	2,296,132
TOTAL LIABILITIES	2,653,179	2,296,132
NET ASSETS AVAILABLE FOR BENEFITS	144,827,738	150,269,392
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	197,704,000	182,287,000
(Deficit) of Net Assets Available for Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	\$ (52,876,262)	\$ (32,017,608)

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 1

SCHEDULES OF INVESTMENTS

	June 30, 2024		June 30, 2023	
	Fair Value	Cost	Fair Value	Cost
INVESTMENTS				
Money Market Fund	\$ 982,463	\$ 982,463	\$ 640,280	\$ 640,280
Government Debt Securities	8,979,535	8,955,130	13,040,299	13,179,659
Corporate Debt Securities	20,040,129	20,234,472	26,108,514	27,095,731
Mutual Fund	22,517,018	25,057,528	20,504,824	23,113,492
Common/Collective Trusts	30,463,317	25,031,127	30,081,249	27,364,326
	<u>\$ 82,982,462</u>	<u>\$ 80,260,720</u>	<u>\$ 90,375,166</u>	<u>\$ 91,393,488</u>
TOTALS				

OPERATING ENGINEERS HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2023 to June 30, 2024		
	Active	Retiree	Total
CONTRIBUTIONS			
Employer Contributions	\$ 288,010,356	\$ -	\$ 288,010,356
Member Self-Payments	466,130	19,744,215	20,210,345
TOTAL CONTRIBUTIONS	288,476,486	19,744,215	308,220,701
BENEFITS - SCHEDULE 2	236,426,769	70,017,483	306,444,252
EXCESS (DEFICIT) OF CONTRIBUTIONS OVER BENEFITS	52,049,717	(50,273,268)	1,776,449
ADMINISTRATIVE EXPENSES			
Administrative and General Expenses - Schedule 3	14,272,273	(2,615)	14,269,658
Professional Fees - Schedule 4	1,222,719	-	1,222,719
TOTAL ADMINISTRATIVE EXPENSES	15,494,992	(2,615)	15,492,377
NET INCREASE (DECREASE) BEFORE NET INVESTMENT INCOME	36,554,725	(50,270,653)	(13,715,928)
NET INVESTMENT INCOME - SCHEDULE 5	6,822,201	466,932	7,289,133
NET INCREASE (DECREASE) BEFORE OTHER REVENUE	43,376,926	(49,803,721)	(6,426,795)
OTHER REVENUE			
Delinquent Assessments and Penalties	804,802	-	804,802
Settlement Income	-	-	-
Interest on Delinquent Contributions	180,339	-	180,339
Miscellaneous Income	-	-	-
NET INCREASE (DECREASE) FOR THE YEAR	\$ 44,362,067	\$ (49,803,721)	(5,441,654)
NET ASSETS AVAILABLE FOR BENEFITS			
Balance, July 1			150,269,392
Balance, June 30			\$ 144,827,738

(Attached notes are an integral part of this statement)

July 1, 2022 to June 30, 2023

Active	Retiree	Total
\$ 269,042,399	\$ -	\$ 269,042,399
502,266	20,059,164	20,561,430
269,544,665	20,059,164	289,603,829
222,742,245	66,170,361	288,912,606
46,802,420	(46,111,197)	691,223
13,993,312	19,149	14,012,461
1,110,154	-	1,110,154
15,103,466	19,149	15,122,615
31,698,954	(46,130,346)	(14,431,392)
2,835,506	211,015	3,046,521
34,534,460	(45,919,331)	(11,384,871)
836,885	-	836,885
7,258,693	-	7,258,693
152,566	-	152,566
62,351	-	62,351
\$ 42,844,955	\$ (45,919,331)	(3,074,376)
		153,343,768
		\$ 150,269,392

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULES OF BENEFITS

	July 1, 2023 to June 30, 2024		
	Active	Retiree	Total
MEDICAL BENEFITS			
Premiums:			
Anthem Blue Cross HMO	\$ 19,426,974	\$ 2,220,977	\$ 21,647,951
Health Plan of Nevada	2,956,519	275,122	3,231,641
Kaiser Permanente	61,649,593	4,576,986	66,226,579
United HealthCare	-	9,744,760	9,744,760
Direct Claims	106,007,515	26,544,877	132,552,392
Direct Claims (Stop Loss Recoveries)	(1,529,939)	-	(1,529,939)
Nevada Disability	582,021	-	582,021
Carelon Behavioral Health	5,566,899	177,352	5,744,251
MHN Services	-	-	-
Medicare Part D Advising	-	52,148	52,148
Anthem Blue Cross PPO Fees	1,790,606	581,833	2,372,439
STOP LOSS PREMIUMS	2,107,487	205,630	2,313,117
DENTAL BENEFITS			
Premiums:			
Delta Dental	113,661	66,753	180,414
MetLife	3,861	2,268	6,129
United Concordia	899,577	1,303,959	2,203,536
Western Dental	9,485	10,192	19,677
Direct Claims	13,306,538	4,111,411	17,417,949
VISION BENEFITS			
Vision Service Plan	1,248,559	322,385	1,570,944
DRUG BENEFITS			
Optum RX	34,019,675	34,491,663	68,511,338
Less: Optum RX (Rebates)	(12,118,762)	(12,926,129)	(25,044,891)
Less: Retiree Drug Subsidies	-	(2,309,496)	(2,309,496)
DEATH BENEFITS	386,500	564,792	951,292
TOTAL BENEFITS	<u>\$ 236,426,769</u>	<u>\$ 70,017,483</u>	<u>\$ 306,444,252</u>

(Attached notes are an integral part of this statement)

SCHEDULE 2

July 1, 2022 to June 30, 2023		
Active	Retiree	Total
\$ 18,920,214	\$ 2,274,468	\$ 21,194,682
2,737,957	305,623	3,043,580
57,025,452	4,648,078	61,673,530
-	10,111,767	10,111,767
101,423,519	24,796,872	126,220,391
(454,848)	-	(454,848)
422,964	-	422,964
5,345,525	308,593	5,654,118
18,297	738	19,035
-	64,184	64,184
1,763,035	301,784	2,064,819
2,306,314	253,070	2,559,384
137,159	80,554	217,713
3,883	2,280	6,163
935,294	1,282,014	2,217,308
-	-	-
12,880,288	3,918,011	16,798,299
1,239,692	323,457	1,563,149
29,074,175	31,644,536	60,718,711
(11,351,842)	(12,871,121)	(24,222,963)
-	(1,870,797)	(1,870,797)
315,167	596,250	911,417
<u>\$ 222,742,245</u>	<u>\$ 66,170,361</u>	<u>\$ 288,912,606</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 3

SCHEDULES OF ADMINISTRATIVE AND GENERAL EXPENSES

	July 1, 2023 to June 30, 2024	July 1, 2022 to June 30, 2023
Claims Review	\$ 10,755	\$ 55,614
Claims Department	59,649	65,665
Operating Engineers Funds, Inc. Services	14,124,347	13,806,313
Miscellaneous Expenses	6,899	735
Bank Fees	11,160	9,622
Patient-Center Outcomes Research Institute Fee	<u>56,848</u>	<u>74,512</u>
TOTAL ADMINISTRATIVE AND GENERAL EXPENSES	<u>\$ 14,269,658</u>	<u>\$ 14,012,461</u>

SCHEDULE 4

SCHEDULES OF PROFESSIONAL FEES

Actuarial and Consultant Fees	\$ 329,338	\$ 350,380
Accounting and Audit Fees	306,260	183,789
Legal Fees and Expenses - General Services	370,037	414,146
Legal Fees and Expenses - Collection Services	<u>217,084</u>	<u>161,839</u>
TOTAL PROFESSIONAL FEES	<u>\$ 1,222,719</u>	<u>\$ 1,110,154</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 5

SCHEDULES OF NET INVESTMENT INCOME

	July 1, 2023 to June 30, 2024	July 1, 2022 to June 30, 2023
INVESTMENT INCOME		
Interest Income:		
Sweep and Savings Accounts	\$ 26,588	\$ 28,044
Money Market Funds	66,921	36,385
Government Debt Securities	372,901	269,578
Corporate Debt Securities	952,092	978,880
Total Interest Income	\$ 1,418,502	\$ 1,312,887
Mutual Funds - Dividend Income	1,967,348	1,626,196
TOTAL INVESTMENT INCOME	3,385,850	2,939,083
NET APPRECIATION OF INVESTMENTS	4,415,595	618,057
TOTAL INVESTMENT INCOME BEFORE INVESTMENT EXPENSES	7,801,445	3,557,140
INVESTMENT EXPENSES		
Investment Manager Fees	424,016	357,164
Investment Custodian Fees and Bank Charges	75,139	140,913
Investment Consultant Fees	13,157	12,542
TOTAL INVESTMENT EXPENSES	512,312	510,619
NET INVESTMENT INCOME	\$ 7,289,133	\$ 3,046,521

OPERATING ENGINEERS HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS

	June 30, 2024	June 30, 2023
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable	\$ -	\$ -
Claims Payable	8,000,000	3,019,000
	8,000,000	3,019,000
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	15,828,000	17,144,000
Future Benefits Based on Participants' Lag Period	72,394,000	69,046,000
Future Benefits Based on Participants' Reserve Hours Bank	101,482,000	93,078,000
	189,704,000	179,268,000
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	197,704,000	182,287,000
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees, Beneficiaries and Dependents	896,355,000	900,624,000
Other Participants Fully Eligible for Benefits	877,501,000	823,978,000
Other Participants Not Yet Fully Eligible for Benefits	549,021,000	479,417,000
	2,322,877,000	2,204,019,000
FUND'S TOTAL BENEFIT OBLIGATIONS	\$ 2,520,581,000	\$ 2,386,306,000

* The calculation of postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Fund is required to implement a funding policy to satisfy the projected expense.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	<u>July 1, 2023 to June 30, 2024</u>	<u>July 1, 2022 to June 30, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at Beginning of Year	\$ 3,019,000	\$ 6,378,000
Benefits Reported and Approved for Payment Benefits	<u>311,425,252 (306,444,252)</u>	<u>285,553,606 (288,912,606)</u>
Balance at End of Year	<u>8,000,000</u>	<u>3,019,000</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	179,268,000	170,545,000
Net Change During the Year:		
Claims Incurred But Not Reported	(1,316,000)	1,809,000
Future Benefits Based on Participants' Lag Period	3,348,000	2,604,000
Future Benefits Based on Participants' Reserve Hours Bank	<u>8,404,000</u>	<u>4,310,000</u>
Balance at End of Year	<u>189,704,000</u>	<u>179,268,000</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>197,704,000</u>	<u>182,287,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance at Beginning of Year	2,204,019,000	2,268,999,000
Net Change During the Year:		
Benefits Earned Net of Benefits Paid	112,798,000	97,659,000
Actuarial Experience Loss	-	13,804,000
Change in Actuarial Assumptions	<u>6,060,000</u>	<u>(176,443,000)</u>
Balance at End of Year	<u>2,322,877,000</u>	<u>2,204,019,000</u>
FUND'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 2,520,581,000</u></u>	<u><u>\$ 2,386,306,000</u></u>

* The calculation of postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Fund is required to implement a funding policy to satisfy the projected expense.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE FUND

The Operating Engineers Health and Welfare Fund (the "Fund") was established by the International Union of Operating Engineers, Local Union No. 12 and Associated General Contractors of California, Inc., Building Industry Association of California, Inc., Engineering Contractors' Association, Inc., Southern California Contractors Association, Inc., Associated General Contractors of America, San Diego Chapter, Inc., San Diego Building Contractors Association, and Engineering and General Contractors Association. The Fund is a multiemployer health benefit plan providing hospital-medical, dental, vision, prescription drug, life, accidental death and dismemberment, and disability benefits to eligible employees and their dependents. The Fund provides certain medical benefit coverage for certain eligible retirees and their dependents.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Fund agreement includes detailed rules for each situation. Participants should refer to the Fund agreement and any amendments regarding specific provisions of the Fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Fund's financial statements have been prepared on the accrual basis of accounting.

B. 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 reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

C. Cash and Cash Equivalents

Cash and cash equivalents consist of cash deposited with financial institutions in checking accounts, a savings account, and a sweep account.

D. Employer Contributions

Employer contributions as reported are contributions made by employers for hours or months worked by active employees during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

E. Employer Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Fund – Valued at cost, which approximates fair value.

Government Debt Securities and Corporate Debt Securities – Valued based on third party pricing services or using matrices of trades in similar securities.

Mutual Fund – Valued at the closing price reported on the active market on which the mutual fund is traded.

Common/Collective Trusts – Valued at Net Asset Value (“NAV”) of shares held by the Fund at year end.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund 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.

The following tables represent the Fund's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

	June 30, 2024			
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 982,463	\$ 982,463	\$ -	\$ -
Government Debt Securities	8,979,535	8,143,035	836,500	-
Corporate Debt Securities	20,040,129	-	20,040,129	-
Mutual Fund	22,517,018	22,517,018	-	-
Total Assets in the Fair Value Hierarchy	52,519,145	\$ 31,642,516	\$ 20,876,629	\$ -
Common/Collective Trusts Measured at NAV*	30,463,317			
	<u>\$ 82,982,462</u>			
	June 30, 2023			
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 640,280	\$ 640,280	\$ -	\$ -
Government Debt Securities	13,040,299	11,317,495	1,722,804	-
Corporate Debt Securities	26,108,514	-	26,108,514	-
Mutual Fund	20,504,824	20,504,824	-	-
Total Assets in the Fair Value Hierarchy	60,293,917	\$ 32,462,599	\$ 27,831,318	\$ -
Common/Collective Trusts Measured at NAV*	30,081,249			
	<u>\$ 90,375,166</u>			

* In accordance with ASC 820, investments measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments in common/collective trusts are valued at NAV as reported by the investment manager. The unfunded commitments and significant terms of redemption for the Fund's investments are as follows:

	Net Asset Value		Unfunded Commitments	Redemption Frequency	Redemption Notice
	June 30, 2024	June 30, 2023			
NIS Preferred Stock Fund II, LLC	\$ 23,371,499	\$ 20,845,455	None	Semi-Monthly	3 Days
NIS Short Duration High Yield Fund, LLC	3,665,991	4,710,801	None	Semi-Monthly	3 Days
NIS Total Absolute Return Fund, LLC	3,425,827	4,524,993	None	Semi-Monthly	3 Days
	<u>\$ 30,463,317</u>	<u>\$ 30,081,249</u>			

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

Valuations are furnished by the investment manager and custodian. Purchases and sales of securities are recorded on the transaction trade date. Interest and dividends are recorded on the accrual basis. Realized gain (loss) from sale of investments and unrealized appreciation or depreciation in the fair values of investments are reported as net appreciation of investments.

G. Eligibility

An active participant establishes eligibility during an eligibility quarter by working for contributing employers at least 200 hours or more during a qualifying work quarter. The qualifying work quarters and eligibility quarters are:

<u>Work Quarter</u>	<u>Eligibility Quarter</u>
If the active participant worked 200 hours during the months of:	The active participant is covered during the following months of:
January, February, March April, May, June July, August, September October, November, December	May, June, July August, September, October November, December, January February, March, April

If the active participant works more than 400 hours in a work quarter, the excess hours will be credited to a "Reserve Account" up to a maximum of 500 hours, which can provide for six months of eligibility. Any unused hours in the Reserve Hour Bank will remain in one's account for four consecutive eligibility quarters. These hours can be combined with future hours reported on one's behalf to extend eligibility.

Active participants, upon losing eligibility for failure to work sufficient hours, are permitted to continue their medical coverage, including eligible dependents, by making self-payments at a monthly cost established by the Board of Trustees. Additionally, a dependent spouse of a deceased retired operating engineer may continue coverage for himself/herself and eligible dependents by making self-payments to the Fund within the time required by the rules at a monthly cost established by the Trustees.

The rules providing health care benefits for active employees and retired participants of the Fund are subject to change at any time by the Board of Trustees. No benefit presently provided either to active or retired employees is guaranteed to remain in the plan of benefits in the future. No active or retired employee has a right to continue receiving the same eligibility and benefits as exist now or have existed in the past. The benefits do not become "vested" at any particular tenure of employment or upon retirement. The Fund attempts to maintain financial reserves which are adequate to pay claims already incurred and claims likely to be incurred under eligibility earned by active employees, but does not maintain reserves for future eligibility of active or retired employees. The Fund pays current claims for benefits from current contributions by employers. After a claim for benefits has been incurred, the Fund will pay that claim so long as sufficient funds are available. However, all future claims not yet incurred are subject to changes in the rules governing benefits, and the Board of Trustees may make such rule changes effective on whatever date best serves the interest of the Fund and its participants.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Benefits

The benefits provided to active eligible members include hospital-medical, dental, vision, prescription drug, life, accidental death and dismemberment and disability. The life insurance and accidental death and dismemberment benefits are self-funded. Vision care benefits are provided by Vision Service Plan. Prepaid medical benefits are provided by Anthem Blue Cross, Health Plan of Nevada and Kaiser Permanente. Prepaid dental benefits are provided by Delta Dental, MetLife, United Concordia, and Western Dental (effective January 1, 2024). Prescription drug coverage is provided by Optum Rx. Fee-for service medical and dental benefits are provided directly from the Fund itself. The Fund pays a fee to Anthem Blue Cross to provide a network of medical providers in the areas active eligible members reside in. Mental health and substance abuse assistance is provided by Carelon Behavioral Health.

The benefits provided to retired eligible members include hospital-medical, dental, vision, prescription drugs and life insurance. Vision benefits are provided by Vision Service Plan. Prepaid medical benefits are provided by Anthem Blue Cross, Health Plan of Nevada, Kaiser Permanente, and United HealthCare. Prepaid dental benefits are provided by Delta Dental, MetLife, United Concordia, and Western Dental (effective January 1, 2024). Prescription drug coverage is provided by Optum Rx. Fee-for-service medical and dental benefits are provided directly from the Fund itself. The Fund pays a fee to Anthem Blue Cross to provide a network of medical providers in the areas retired eligible members reside in. Mental health and substance abuse assistance is provided by Carelon Behavioral Health.

Benefits are reported on the cash basis. The obligations for such benefits are segregated on the statement of benefit obligations based on estimates at the end of the year of premiums for coverage during the year unpaid (Premiums Payable); claims incurred during the year, reported but unpaid, (Claims Payable); claims incurred during the year but not reported or paid (Claims Incurred But Not Reported) the future benefits costs to be incurred based on participants' lag period credits (Future Benefits Based on Participants' Lag Period), and the future benefits costs to be incurred based on participants' reserve hours bank balance at the end of the year (Future Benefits Based on Participants' Reserve Hours Bank). The statement of changes in benefit obligations reports the components of the changes in the benefit obligations.

I. Claims Examination Program

A program of examining benefit payments, on a sample basis, is being conducted by the Fund's independent auditors under a separate, continuing claims examination engagement.

J. Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants service rendered to June 30, reduced by the actuarial present value of contributions expected to be received in the future from current Fund 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. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

J. Postretirement Benefits (Continued)

The postretirement benefit obligations were determined by actuaries from The Segal Group, Inc., and are the amounts that result from applying actuarial assumptions to adjust the accrued benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability or withdrawal), between the valuation date and the expected date of payment.

The significant actuarial assumptions and methods used for the year ended June 30, 2024 were (if changed, actuarial assumptions used for the year ended June 30, 2023 are in [brackets]):

(a) Discount Rate: 5.25% [5.00%], (b) Medicare Part D Subsidy: Subsidy of \$379 [\$368] per eligible indemnity participant, increasing by 3.0% per year, (c) Dependents – For future retirees, spouses of male retirees were assumed to be two years younger and spouses of female retirees were assumed to be two years older. Of those future retirees who elect to continue their health coverage at retirement, 65% were assumed to have an eligible spouse who also opts for health coverage at that time. Retirees and spouses are assumed to be covered under the same plan. (d) Health Care Cost Trend Rates: Medical/Drug (Under 65) – 7.75% [8.00%] graded to 4.50% over 13 [14] years, Indemnity Medical (65 and Over) – 5.25% [5.50%] graded to 4.50% over 3 [4] years, Indemnity Drug (65 and Over) – 10.50% [9.00%] graded to 4.50% over 12 [18] years, HMO Medical/Drug (65 and Over) – 21.98% [7.50%] graded to 4.50% over 13 [12] years, (e) Administrative Expenses: \$671 [\$645] per participant increasing at 4.0% per year, (f) Mortality Rates: Healthy – 105% of the Pri-2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, Disabled – Pri-2012 Disabled Retiree Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, Surviving Spouse – Pri-2012 Contingent Survivor Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, (g) Participation – 65% of employees eligible to retire and receive subsidized postretirement welfare coverage were assumed to participate in the plan, and (h) Actuarial Cost Method – projected unit credit method. The changes in actuarial assumptions increased postretirement benefit obligations by approximately \$6,060,000.

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, that would increase the obligation as of June 30, 2024 and 2023 by \$491,682,785 and \$448,238,951, respectively.

The Fund has been determined to be actuarially equivalent to the Medicare Part D Standard Benefit and is eligible to receive retiree prescription drug plan federal subsidies. The calculations of postretirement benefit obligations include an estimate of the reductions in HMO premiums due to these subsidies. For the years ended June 30, 2024 and 2023, the Fund received retiree prescription drug plan federal subsidies totaling \$2,309,496 and \$1,870,797, respectively.

The foregoing assumptions are based on the presumption that the Fund will continue to provide retiree benefits. Were retiree benefits be terminated or be amended, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

J. Postretirement Benefits (Continued)

The costs of the postretirement benefit plan are shared by the Fund's participating employers and retirees. Retirees on average are projected to pay approximately 11% and 12% of the estimated cost of postretirement benefits in the years ended June 30, 2024 and 2023, respectively.

K. Stop-Loss

The Fund has purchased stop-loss insurance on behalf of the participants covered under the self-insured health plan in order to limit its exposure, which reimburses the Fund for total individual claims and total aggregate claims exceeding certain limits. Premiums for stop-loss insurance totaled \$2,313,117 and \$2,559,384 for the years ended June 30, 2024 and 2023, respectively. Stop-loss recoveries totaled \$1,529,939 and \$454,848 for the years ended June 30, 2024 and 2023, respectively.

NOTE 3 - EMPLOYER CONTRIBUTIONS

For the years ended June 30, 2024 and 2023, the Fund received contributions from the majority of employers for each hour worked by participants at the following rate:

July 1, 2023 to June 30, 2024 – \$12.85
July 1, 2022 to June 30, 2023 – \$12.35

NOTE 4 - FUND TERMINATION

In the event of termination, any monies remaining after paying the expenses and obligations of the Fund should be used for the purposes of the Fund.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Operating Engineers Funds, Inc. ("Corporation") was organized in order to provide a method for handling the collection of employer contributions on behalf of the participating trust funds and pays expenses such as accounting, legal and other expenses. Specific identifiable expenses are charged to the respective trust fund, all other expenses are based upon allocation percentages periodically approved by the Board of Trustees. For the years ended June 30, 2024 and 2023, the Fund incurred expenses of \$15,376,583 and \$15,028,958, respectively.

The Operating Engineers Trust Funds Joint Contribution Committee collects delinquent contributions as well as liquidated damages and related interest.

NOTE 6 - TAX-EXEMPT STATUS

No provision for federal or state income tax is made. The Fund has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701(i).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 - RISKS AND UNCERTAINTIES

The Fund invests in investment securities that are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect the amounts reported in the financial statements.

Benefit obligations and postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and other factors, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8 - CONCENTRATION OF CREDIT RISK

During the year ended June 30, 2024, the Fund maintained balances in a sweep account that was uninsured and at a financial institution which exceeded the Federal Deposit Insurance Corporation limit of \$250,000. The amounts held in the sweep account and in excess of the insurance limit were subject to risk if the financial institutions did not perform. The Fund has not incurred any losses on the uninsured balance.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 144,827,738	\$ 150,269,392
Total Benefit Obligations Other Than Postretirement Benefit Obligations	<u>(197,704,000)</u>	<u>(182,287,000)</u>
Net Assets (Liabilities) Per the Form 5500	<u>\$ (52,876,262)</u>	<u>\$ (32,017,608)</u>

The following is a reconciliation of total benefits for participants, beneficiaries and dependents per the financial statements to the Form 5500:

	<u>July 1, 2023 to June 30, 2024</u>
Total Benefits Per the Financial Statements	\$ 306,444,252
Add: Total Benefit Obligations Other Than Postretirement Benefit Obligations at June 30, 2024	197,704,000
Less: Total Benefit Obligations Other Than Postretirement Benefit Obligations at June 30, 2023	<u>(182,287,000)</u>
Total Benefits Per the Form 5500	<u>\$ 321,861,252</u>

Total benefits per the financial statements are premiums and claims paid during the year net of refunds, rebates, and subsidies received. Total benefits per the Form 5500 is the total of premiums for coverage during the year, claims incurred during the year, and the increase or decrease in the estimated cost to provide future benefits, all for participants, dependents and beneficiaries.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the carry value (normally historical cost) of the investments sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the current (fair) value of the investments at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from investments in mutual funds (interest in registered investment companies) to be reported on a separate line, and realized and unrealized gains or losses from investments in common/collective trusts to be reported separately on one line combined with other income or losses from common/collective trusts.

NOTE 10 - FUND AMENDMENTS

Amendment #143 to the Retiree Plan and Amendment #151 to the Active Plan were adopted June 1, 2022, and effective July 1, 2022. These amendments will amend the relevant plan provision concerning the exclusion of benefits for work related injury or illness.

Amendments #144 and #145 to the Retiree Plan and Amendments #152 and #153 to the Active Plan were adopted June 1, 2022, and effective July 1, 2022. These amendments will amend the plan to comply with the continuing care provision of the No Surprises and Transparency Act, in order to be Consolidated Appropriations Act compliant.

Amendment #146 to the Retiree Plan was adopted May 17, 2023, and effective retroactively to May 1, 2021. This amendment will allow retired participants who have received a Social Security disability award after attaining normal retirement age under the Operating Engineers Pension Trust but prior to attaining full retirement age under Social Security to qualify for, and pay, the appropriate health care premium applicable to all other Disability Pensioners.

Amendment #147 to the Retiree Plan and Amendment #153 to the Active Plan were adopted November 15, 2023, and effective retroactively July 1, 2022. These amendments will amend the plan to provide benefits for all speech therapy by a certified or licensed speech pathologist that was determined by a physician to be medically necessary.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 3, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FORM 5500

SCHEDULE H - PART IV, LINE 4

E.I.N. 95-6034886; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Operating Engineers Health
and Welfare Fund
100 Corson Street
Pasadena, California 91103

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2024 and reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

April 3, 2025

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Face Value	<u>Interest Bearing Cash (Including Money Market Fund)</u>	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 982,463	Northern Institutional US Government Portfolio	Var.	N/A	\$ 982,463	\$ 982,463
22,571,050	Savings Account	Var.	N/A	22,571,050	22,571,050
887,202	Sweep Account	Var.	N/A	887,202	887,202
<u>TOTALS - INTEREST BEARING CASH</u>					
<u>(INCLUDING MONEY MARKET FUND)</u>				\$ 24,440,715	\$ 24,440,715

Government Debt Securities

130,000	Wisconsin St General Fund	5.700	05/01/26	\$ 130,580	\$ 134,833
85,000	Commonwealth Financing Authority Pennsylvania	5.197	06/01/26	84,536	86,623
377,900	Louisiana Local Government	3.615	02/01/29	368,686	377,900
153,616	Oregon School Boards Association	4.759	06/30/28	152,522	158,479
85,000	Sonoma County California Pension	6.000	12/01/29	86,306	89,491
13,974	Utah State Taxable B Build America Bds	3.539	07/01/25	13,870	13,800
910,000	United States Treasury Note	4.625	11/15/26	909,573	918,206
702,000	United States Treasury Note	0.750	08/31/26	645,621	638,432
1,103,000	United States Treasury Note	2.750	07/31/27	1,047,333	1,041,981
3,704,000	United States Treasury Note	1.500	01/31/27	3,427,936	3,390,528
1,944,000	United States Treasury Note	3.875	12/31/27	1,906,715	1,899,350
209,000	United States Treasury Note	3.875	01/15/26	205,857	205,507
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				\$ 8,979,535	\$ 8,955,130

Corporate Debt Securities

102,620	Abay Leasing 2014 LLC	2.654	11/09/26	\$ 99,157	\$ 107,788
78,271	Access Group Inc	Var.	02/25/36	77,750	77,594
51,632	Adjustable Rate Mortgage CMO	5.462	04/25/35	49,987	52,278
440,000	Aercap Ireland Cap/Global	2.450	10/29/26	410,447	407,256
265,000	AGCO Corp	5.450	03/21/27	265,630	264,791
225,000	Air Lease Corp	1.875	08/15/26	208,645	203,854
225,000	Air Lease Corp	3.375	07/01/25	219,858	213,872
266,277	Air Canada	3.600	03/15/27	252,699	251,856
264,284	Ally Auto Receivables Trust	3.310	11/16/26	261,294	264,233
100,000	American Express Co	5.098	02/16/28	99,554	100,000
225,000	American Express Co	3.385	08/16/27	220,951	224,996
1,444	American Home Mortgage	4.760	10/25/34	1,434	1,449
10,227	American Home Mortgage	Var.	09/25/45	10,095	10,342
165,446	Americredit Automobile Receivables Services	6.190	04/19/27	165,813	165,444
123,140	American CR Accep Receivables	1.820	02/14/28	121,207	119,220
180,000	Amphenol Corp	4.750	03/30/26	178,502	179,384
140,000	AON North America Inc	5.125	03/01/27	139,757	139,727
110,000	AT&T Inc	2.950	07/15/26	104,926	102,190
64,773	Amur Equipment Finance	1.640	10/20/27	63,551	64,762
66,871	BANK 2017-BNK9	3.470	11/15/54	64,643	74,295
142,441	BANK 2018-BNK15	4.285	11/15/61	139,528	135,943
<u>Forward</u>				\$ 3,155,428	\$ 3,161,274

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 3,155,428	\$ 3,161,274
\$ 115,000	Bank of America Corp	1.658	03/11/27	107,822	102,750
135,000	Bank of Montreal	5.266	12/11/26	134,795	135,000
120,000	Bank of Nova Scotia B	5.350	12/07/26	120,148	119,843
195,000	Barclays Commercial Mortgage Securities	2.832	08/15/52	185,001	180,741
88,804	Bayview Financial Securities Company	6.583	02/28/41	88,553	88,693
14,649	Bayview Financial Securities Company	8.308	08/28/44	14,666	14,970
275,000	BBCMS Mortgage Trust	2.990	11/15/52	261,040	252,785
16,436	Bear Stearns Asset Backed Securities Trust	5.250	10/25/33	16,064	16,831
50,317	Belvoir Land LLC	5.350	12/15/25	50,138	53,965
195,015	Benchmark Mortgage Trust	3.780	02/15/51	189,771	206,241
180,000	BHP Billiton Finance USA	5.250	09/08/26	180,276	179,708
115,000	Boardwalk Pipelines LP	4.450	07/15/27	111,837	110,426
85,000	Canadian Imperial Bank	3.300	04/07/25	83,533	84,289
80,000	Canadian Imperial Bank	5.144	04/28/25	79,749	80,000
20,665	Carvana Auto Receivables Trust	1.240	09/10/28	19,485	20,516
185,000	Carvana Auto Receivables Trust	0.800	01/10/27	178,450	184,937
140,478	Carvana Auto Receivables Trust	0.610	10/08/26	138,000	140,434
106,449	Carvana Auto Receivables Trust	0.750	03/10/28	100,320	102,295
37,835	Cascade Funding	1.390	09/22/31	37,398	37,813
116,232	Citicorp Residential Mortgage Trust	6.546	03/25/37	114,827	117,690
122,126	Citigroup Commercial Mortgage Securities	3.622	07/10/47	121,928	132,069
84,866	Citigroup Commercial Mortgage Securities	2.710	08/10/49	83,047	89,484
44,684	Commercial Mortgage Trust 2015-CCRE25	3.537	08/10/48	42,160	45,661
159,722	CMO Bank 2017-BNK7	3.265	09/15/60	154,717	153,523
31,715	Commercial Mortgage Trust 2015-LC21	3.421	07/10/48	31,445	33,551
164,441	Commonbond Student Loan Trust	2.680	09/25/42	149,343	158,786
155,000	Credit Suisse AG New York	5.000	07/09/27	153,724	152,892
78,777	Credit Suisse 1st Boston	6.960	03/25/33	76,960	79,011
7,582	Credit Suisse 1st Boston	5.750	11/25/33	7,438	7,897
122,968	Countrywide Asset-Backed	5.960	10/25/34	118,913	121,556
177,453	Countrywide Asset-Backed	5.960	10/25/34	169,667	173,416
224,846	Countrywide Asset-Backed	6.000	12/25/34	219,089	222,684
163,000	DCP Midstream	5.375	07/15/25	162,388	163,148
132,281	DLLAD 2023-1A A2	5.190	04/20/26	132,020	132,273
89,139	DR Auto	1.450	01/16/29	86,986	85,270
160,000	DR Auto	5.350	02/15/28	159,579	159,985
175,000	Duke Energy Corp	4.850	01/05/27	173,648	174,981
210,000	Enbridge Inc	5.900	11/15/26	212,401	209,952
190,000	Energy Transfer LP	6.050	12/01/26	192,425	189,975
175,000	Exeter Automobile Receivables	6.580	04/17/28	176,802	174,970
11,586	Export-Import Bank	1.732	09/24/24	11,483	11,308
79,971	Export-Import Bank	1.822	05/03/25	78,434	77,442
75,000	Fifth Third Bank	5.852	10/27/25	74,934	75,158
360,000	First Horizon National	4.000	05/26/25	353,150	344,952
40,096	First Investors Auto Owner Trust	2.030	01/15/27	39,557	40,096
	<u>Forward</u>			\$ 8,549,539	\$ 8,601,241

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 8,549,539	\$ 8,601,241
\$ 155,458	Foursight	5.990	05/15/28	155,774	155,448
155,000	GM Financial Automobile Leasing Trust	5.760	01/20/27	155,155	154,994
247,457	GM Financial Consumer Automobile Receivables Trust	3.100	01/19/27	243,548	243,446
300,000	GM Financial Consumer Automobile Receivables Trust	4.660	02/16/28	297,370	299,954
270,000	GM Financial: Auto Loan Financing	5.400	05/08/27	269,851	269,762
20,086	GS Mortgage Securities Trust	6.455	09/25/35	19,794	20,344
13,148	GSR Mortgage Loan Trust 2005-5F	5.500	06/25/35	12,895	13,772
365,354	HNA 2015 LLC	2.291	06/30/27	346,066	380,007
165,000	Intercontinental Exchange Inc	4.000	09/15/27	159,603	156,608
120,000	JP Morgan Chase & Co	5.040	01/23/28	119,351	120,000
205,000	JP Morgan Chase & Co	1.045	11/19/26	192,592	180,960
115,000	JP Morgan Chase & Co	1.561	12/10/25	112,863	115,000
173,530	JP Morgan Chase & Co	7.084	11/25/53	175,186	174,832
216,277	JPMBB Commercial Mortgage Securities Trust	2.920	02/18/48	212,720	226,010
11,868	JPMBB Commercial Mortgage Securities Trust	3.042	10/15/48	11,770	11,833
166,878	JPMBB Commercial Mortgage Securities Trust	3.801	08/15/48	162,914	157,687
259,976	JPMBB Commercial Mortgage Securities Trust	3.373	11/15/47	258,308	274,762
5,509	JPMBB Commercial Mortgage Securities Trust	3.407	11/15/47	5,488	5,668
138,693	JPMCC Commercial Mortgage Securities Trust 2016-JP2	2.713	08/15/49	135,332	138,870
195,000	Keycorp	3.878	05/23/25	194,282	195,000
310,000	Mercedes-Benz Auto	4.510	11/15/27	306,850	309,963
130,000	MFRS & Traders Co	4.650	01/27/26	127,615	122,368
258,727	MFA Trust	1.906	11/25/56	221,454	258,723
194,706	Mill City Mortgage Loan Trust	Var.	05/25/58	186,391	186,659
200,000	Mill City Mortgage Loan Trust	3.350	04/25/57	191,045	187,313
130,000	Morgan Stanley	1.593	05/04/27	121,194	116,956
210,000	Morgan Stanley Bank of America Merrill Lynch Trust	3.325	05/15/49	200,753	200,271
120,000	Morgan Stanley Bank of America Merrill Lynch Trust	3.252	10/19/48	117,571	128,845
70,733	Morgan Stanley Capital	4.120	07/17/51	68,835	78,599
45,352	MSN 41079 & 41084 LTD	1.631	12/14/24	44,731	46,336
24,941	MVW Owner Trust	2.440	10/20/38	23,677	25,059
71,942	Nationstar Mortgage Loan	3.750	12/25/52	65,864	73,921
114,082	Navient Student Loan Trust	4.000	12/15/59	112,494	110,332
55,079	Navient Student Loan Trust	3.910	12/15/45	54,174	57,592
81,509	Nelnet Student Loan	5.730	08/27/36	79,622	78,045
117,065	New Residential Mortgage Loan Trust	Var.	03/25/36	112,634	124,326
38,301	Novastar Home Equity Loan Floating	6.540	06/25/35	38,113	38,421
20,776	Ohana Military Communities LLC	5.675	10/01/26	20,753	22,208
100,000	OLD REPUBLIC INTL CORP	3.875	08/26/26	96,688	96,159
133,435	Penta Aircraft Leasing	1.691	04/29/25	130,939	134,048
2,000	Petroleos Mexicanos	2.378	04/15/25	1,926	1,903
230,000	PFS Financing Corp	0.770	08/17/26	228,499	210,477
200,000	Pioneer Natural Resources Company	5.100	03/29/26	199,558	199,902
100,000	PNC Financial Services Group Inc	6.615	10/20/27	102,429	100,000
135,000	PVTPL Delta Air Lines/Skymiles	4.750	10/20/28	131,478	129,769
	<u>Forward</u>			\$ 14,775,688	\$ 14,934,393

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 14,775,688	\$ 14,934,393
\$ 40,000	PVTPL Boeing Co	6.259	05/01/27	40,270	40,000
210,000	PVTPL Hyundai Cap America	5.250	01/08/27	209,151	209,836
20,253	PVTPL Pacific Beacon LLC	5.379	07/15/26	20,218	21,750
280,000	PVTPL Pennsylvania	5.150	03/30/26	278,110	279,331
30,526	Reliance Industries	1.870	01/15/26	29,504	29,380
175,000	Royal Bank of Canada Global Medium Term	5.200	07/20/26	174,774	174,981
145,000	Royal Bank of Canada	4.875	01/19/27	144,039	144,964
75,000	Royal Bank of Canada	4.650	01/27/26	73,941	76,374
210,000	Santander Drive Auto Receivables Trust	5.250	04/17/28	209,114	209,989
100,000	Schwab Charles Corp	3.450	02/13/26	97,074	94,237
61,556	SMB Private Education Loan Trust	3.600	01/15/37	59,767	64,520
62,365	SMB Private Education Loan Trust	2.820	10/15/35	60,559	64,576
65,822	SMB Private Education Loan Trust	1.290	07/15/53	60,302	65,997
85,000	Smith & Nephew Plc	5.150	03/20/27	84,717	84,909
167,719	Soundview Home	6.165	11/25/35	164,329	164,365
135,000	State Street Corp	4.857	01/26/26	134,393	135,000
145,000	State Street Corp	4.993	03/18/27	144,825	145,000
50,980	Structured Adjustable Rate Mortgage Loan	Var.	09/25/34	49,117	51,251
49,023	Structured Asset Securities	6.944	02/25/35	50,167	49,469
300,000	Take-Two Interactive	5.000	03/28/26	298,051	299,835
70,000	Tesla Auto Lease	5.890	06/22/26	70,150	69,995
100,000	The Bank of New York Mellon Corporation	4.414	07/24/26	98,877	100,000
100,000	The Bank of New York Mellon Corporation	4.947	04/26/27	99,385	100,000
160,000	The Toronto-Dominion Bank	5.532	07/17/26	160,561	160,029
22,236	Thornberg Mortgage Securities	Var.	03/25/44	21,493	22,069
258,507	Toyota Auto Receivables	2.930	09/15/26	254,527	258,501
180,000	Toyota MTR Corp	4.800	01/05/26	179,105	179,861
80,000	Truist Financial Corporation	6.047	06/08/27	80,560	80,000
105,000	U.S. Bancorp	5.727	10/21/26	105,179	105,000
202,044	U.S. Airways	3.950	05/15/27	197,320	195,983
168,375	United Airlines	3.750	03/03/28	162,471	161,956
245,000	Verizon Master Trust	0.990	04/20/28	241,507	244,965
230,000	Virginia Power Fuel Securitization LLC	5.088	05/01/29	228,875	229,997
130,000	Wells Fargo & Company	3.908	04/25/26	128,049	129,964
213,580	Wells Fargo Coml	3.572	09/15/58	209,095	206,305
310,000	Wisconsin Public Service	5.350	11/10/25	309,792	309,931
339,801	World Omni Automobile Lease Securitization Trust	3.250	07/15/27	335,073	339,759
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 20,040,129</u>	<u>\$ 20,234,472</u>
No. of Shares	<u>Mutual Fund</u>				
2,735,968	Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y			<u>\$ 22,517,018</u>	<u>\$ 25,057,528</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	<u>Common/Collective Trusts</u>	Fair Value	Cost
\$ 3,510,959	NIS Preferred Stock Fund II, LLC	\$ 23,371,499	\$ 19,500,000
225	NIS Short Duration High Yield Fund, LLC	3,665,991	2,775,740
1,153	NIS Total Absolute Return Fund, LLC	3,425,827	2,755,387
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 30,463,317</u>	<u>\$ 25,031,127</u>
	<u>GRAND TOTALS</u>	<u>\$ 106,440,714</u>	<u>\$ 103,718,972</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6034886; PLAN NO. 501

JULY 1, 2023 TO JUNE 30, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
U.S. Treasury Note:	Government Note	3.875	01/15/26	\$ 5,665,004 -	\$ - 8,099,728	\$ 5,665,004 8,096,313	\$ - 3,415
	Government Note	1.500	01/31/27	6,407,529 -	- 3,053,181	6,407,529 3,017,001	- 36,180

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">11/23/1954</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">95-6034886</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">626-356-1000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">237990</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan	11/23/1954	2b Employer Identification Number (EIN)	95-6034886	2c Plan Sponsor's telephone number	626-356-1000	2d Business code (see instructions)	237990
1b Three-digit plan number (PN) ▶	501										
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2b Employer Identification Number (EIN)	95-6034886										
2c Plan Sponsor's telephone number	626-356-1000										
2d Business code (see instructions)	237990										
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, OPERATING ENGINEERS HEALTH AND WELFARE FUND 100 CORSON ST STE 100 PASADENA, CA 91103											

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		4/2/25	David Sikorski
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/3/25	Jaimie R Angus
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023)
v. 230728

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6034886; PLAN NO. 501

JULY 1, 2023 TO JUNE 30, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
U.S. Treasury Note:	Government Note	3.875	01/15/26	\$ 5,665,004	\$ -	\$ 5,665,004	\$ -
				-	8,099,728	8,096,313	3,415
	Government Note	1.500	01/31/27	6,407,529	-	6,407,529	-
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OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Face Value	<u>Interest Bearing Cash (Including Money Market Fund)</u>	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 982,463	Northern Institutional US Government Portfolio	Var.	N/A	\$ 982,463	\$ 982,463
22,571,050	Savings Account	Var.	N/A	22,571,050	22,571,050
887,202	Sweep Account	Var.	N/A	887,202	887,202
<u>TOTALS - INTEREST BEARING CASH</u>					
<u>(INCLUDING MONEY MARKET FUND)</u>				\$ 24,440,715	\$ 24,440,715

Government Debt Securities

130,000	Wisconsin St General Fund	5.700	05/01/26	\$ 130,580	\$ 134,833
85,000	Commonwealth Financing Authority Pennsylvania	5.197	06/01/26	84,536	86,623
377,900	Louisiana Local Government	3.615	02/01/29	368,686	377,900
153,616	Oregon School Boards Association	4.759	06/30/28	152,522	158,479
85,000	Sonoma County California Pension	6.000	12/01/29	86,306	89,491
13,974	Utah State Taxable B Build America Bds	3.539	07/01/25	13,870	13,800
910,000	United States Treasury Note	4.625	11/15/26	909,573	918,206
702,000	United States Treasury Note	0.750	08/31/26	645,621	638,432
1,103,000	United States Treasury Note	2.750	07/31/27	1,047,333	1,041,981
3,704,000	United States Treasury Note	1.500	01/31/27	3,427,936	3,390,528
1,944,000	United States Treasury Note	3.875	12/31/27	1,906,715	1,899,350
209,000	United States Treasury Note	3.875	01/15/26	205,857	205,507
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				\$ 8,979,535	\$ 8,955,130

Corporate Debt Securities

102,620	Abay Leasing 2014 LLC	2.654	11/09/26	\$ 99,157	\$ 107,788
78,271	Access Group Inc	Var.	02/25/36	77,750	77,594
51,632	Adjustable Rate Mortgage CMO	5.462	04/25/35	49,987	52,278
440,000	Aercap Ireland Cap/Global	2.450	10/29/26	410,447	407,256
265,000	AGCO Corp	5.450	03/21/27	265,630	264,791
225,000	Air Lease Corp	1.875	08/15/26	208,645	203,854
225,000	Air Lease Corp	3.375	07/01/25	219,858	213,872
266,277	Air Canada	3.600	03/15/27	252,699	251,856
264,284	Ally Auto Receivables Trust	3.310	11/16/26	261,294	264,233
100,000	American Express Co	5.098	02/16/28	99,554	100,000
225,000	American Express Co	3.385	08/16/27	220,951	224,996
1,444	American Home Mortgage	4.760	10/25/34	1,434	1,449
10,227	American Home Mortgage	Var.	09/25/45	10,095	10,342
165,446	Americredit Automobile Receivables Services	6.190	04/19/27	165,813	165,444
123,140	American CR Accep Receivables	1.820	02/14/28	121,207	119,220
180,000	Amphenol Corp	4.750	03/30/26	178,502	179,384
140,000	AON North America Inc	5.125	03/01/27	139,757	139,727
110,000	AT&T Inc	2.950	07/15/26	104,926	102,190
64,773	Amur Equipment Finance	1.640	10/20/27	63,551	64,762
66,871	BANK 2017-BNK9	3.470	11/15/54	64,643	74,295
142,441	BANK 2018-BNK15	4.285	11/15/61	139,528	135,943
<u>Forward</u>				\$ 3,155,428	\$ 3,161,274

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 3,155,428	\$ 3,161,274
\$	115,000 Bank of America Corp	1.658	03/11/27	107,822	102,750
	135,000 Bank of Montreal	5.266	12/11/26	134,795	135,000
	120,000 Bank of Nova Scotia B	5.350	12/07/26	120,148	119,843
	195,000 Barclays Commercial Mortgage Securities	2.832	08/15/52	185,001	180,741
	88,804 Bayview Financial Securities Company	6.583	02/28/41	88,553	88,693
	14,649 Bayview Financial Securities Company	8.308	08/28/44	14,666	14,970
	275,000 BBCMS Mortgage Trust	2.990	11/15/52	261,040	252,785
	16,436 Bear Stearns Asset Backed Securities Trust	5.250	10/25/33	16,064	16,831
	50,317 Belvoir Land LLC	5.350	12/15/25	50,138	53,965
	195,015 Benchmark Mortgage Trust	3.780	02/15/51	189,771	206,241
	180,000 BHP Billiton Finance USA	5.250	09/08/26	180,276	179,708
	115,000 Boardwalk Pipelines LP	4.450	07/15/27	111,837	110,426
	85,000 Canadian Imperial Bank	3.300	04/07/25	83,533	84,289
	80,000 Canadian Imperial Bank	5.144	04/28/25	79,749	80,000
	20,665 Carvana Auto Receivables Trust	1.240	09/10/28	19,485	20,516
	185,000 Carvana Auto Receivables Trust	0.800	01/10/27	178,450	184,937
	140,478 Carvana Auto Receivables Trust	0.610	10/08/26	138,000	140,434
	106,449 Carvana Auto Receivables Trust	0.750	03/10/28	100,320	102,295
	37,835 Cascade Funding	1.390	09/22/31	37,398	37,813
	116,232 Citicorp Residential Mortgage Trust	6.546	03/25/37	114,827	117,690
	122,126 Citigroup Commercial Mortgage Securities	3.622	07/10/47	121,928	132,069
	84,866 Citigroup Commercial Mortgage Securities	2.710	08/10/49	83,047	89,484
	44,684 Commercial Mortgage Trust 2015-CCRE25	3.537	08/10/48	42,160	45,661
	159,722 CMO Bank 2017-BNK7	3.265	09/15/60	154,717	153,523
	31,715 Commercial Mortgage Trust 2015-LC21	3.421	07/10/48	31,445	33,551
	164,441 Commonbond Student Loan Trust	2.680	09/25/42	149,343	158,786
	155,000 Credit Suisse AG New York	5.000	07/09/27	153,724	152,892
	78,777 Credit Suisse 1st Boston	6.960	03/25/33	76,960	79,011
	7,582 Credit Suisse 1st Boston	5.750	11/25/33	7,438	7,897
	122,968 Countrywide Asset-Backed	5.960	10/25/34	118,913	121,556
	177,453 Countrywide Asset-Backed	5.960	10/25/34	169,667	173,416
	224,846 Countrywide Asset-Backed	6.000	12/25/34	219,089	222,684
	163,000 DCP Midstream	5.375	07/15/25	162,388	163,148
	132,281 DLLAD 2023-1A A2	5.190	04/20/26	132,020	132,273
	89,139 DR Auto	1.450	01/16/29	86,986	85,270
	160,000 DR Auto	5.350	02/15/28	159,579	159,985
	175,000 Duke Energy Corp	4.850	01/05/27	173,648	174,981
	210,000 Enbridge Inc	5.900	11/15/26	212,401	209,952
	190,000 Energy Transfer LP	6.050	12/01/26	192,425	189,975
	175,000 Exeter Automobile Receivables	6.580	04/17/28	176,802	174,970
	11,586 Export-Import Bank	1.732	09/24/24	11,483	11,308
	79,971 Export-Import Bank	1.822	05/03/25	78,434	77,442
	75,000 Fifth Third Bank	5.852	10/27/25	74,934	75,158
	360,000 First Horizon National	4.000	05/26/25	353,150	344,952
	40,096 First Investors Auto Owner Trust	2.030	01/15/27	39,557	40,096
	<u>Forward</u>			\$ 8,549,539	\$ 8,601,241

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 8,549,539	\$ 8,601,241
\$ 155,458	Foursight	5.990	05/15/28	155,774	155,448
155,000	GM Financial Automobile Leasing Trust	5.760	01/20/27	155,155	154,994
247,457	GM Financial Consumer Automobile Receivables Trust	3.100	01/19/27	243,548	243,446
300,000	GM Financial Consumer Automobile Receivables Trust	4.660	02/16/28	297,370	299,954
270,000	GM Financial: Auto Loan Financing	5.400	05/08/27	269,851	269,762
20,086	GS Mortgage Securities Trust	6.455	09/25/35	19,794	20,344
13,148	GSR Mortgage Loan Trust 2005-5F	5.500	06/25/35	12,895	13,772
365,354	HNA 2015 LLC	2.291	06/30/27	346,066	380,007
165,000	Intercontinental Exchange Inc	4.000	09/15/27	159,603	156,608
120,000	JP Morgan Chase & Co	5.040	01/23/28	119,351	120,000
205,000	JP Morgan Chase & Co	1.045	11/19/26	192,592	180,960
115,000	JP Morgan Chase & Co	1.561	12/10/25	112,863	115,000
173,530	JP Morgan Chase & Co	7.084	11/25/53	175,186	174,832
216,277	JPMBB Commercial Mortgage Securities Trust	2.920	02/18/48	212,720	226,010
11,868	JPMBB Commercial Mortgage Securities Trust	3.042	10/15/48	11,770	11,833
166,878	JPMBB Commercial Mortgage Securities Trust	3.801	08/15/48	162,914	157,687
259,976	JPMBB Commercial Mortgage Securities Trust	3.373	11/15/47	258,308	274,762
5,509	JPMBB Commercial Mortgage Securities Trust	3.407	11/15/47	5,488	5,668
138,693	JPMCC Commercial Mortgage Securities Trust 2016-JP2	2.713	08/15/49	135,332	138,870
195,000	Keycorp	3.878	05/23/25	194,282	195,000
310,000	Mercedes-Benz Auto	4.510	11/15/27	306,850	309,963
130,000	MFRS & Traders Co	4.650	01/27/26	127,615	122,368
258,727	MFA Trust	1.906	11/25/56	221,454	258,723
194,706	Mill City Mortgage Loan Trust	Var.	05/25/58	186,391	186,659
200,000	Mill City Mortgage Loan Trust	3.350	04/25/57	191,045	187,313
130,000	Morgan Stanley	1.593	05/04/27	121,194	116,956
210,000	Morgan Stanley Bank of America Merrill Lynch Trust	3.325	05/15/49	200,753	200,271
120,000	Morgan Stanley Bank of America Merrill Lynch Trust	3.252	10/19/48	117,571	128,845
70,733	Morgan Stanley Capital	4.120	07/17/51	68,835	78,599
45,352	MSN 41079 & 41084 LTD	1.631	12/14/24	44,731	46,336
24,941	MVW Owner Trust	2.440	10/20/38	23,677	25,059
71,942	Nationstar Mortgage Loan	3.750	12/25/52	65,864	73,921
114,082	Navient Student Loan Trust	4.000	12/15/59	112,494	110,332
55,079	Navient Student Loan Trust	3.910	12/15/45	54,174	57,592
81,509	Nelnet Student Loan	5.730	08/27/36	79,622	78,045
117,065	New Residential Mortgage Loan Trust	Var.	03/25/36	112,634	124,326
38,301	Novastar Home Equity Loan Floating	6.540	06/25/35	38,113	38,421
20,776	Ohana Military Communities LLC	5.675	10/01/26	20,753	22,208
100,000	OLD REPUBLIC INTL CORP	3.875	08/26/26	96,688	96,159
133,435	Penta Aircraft Leasing	1.691	04/29/25	130,939	134,048
2,000	Petroleos Mexicanos	2.378	04/15/25	1,926	1,903
230,000	PFS Financing Corp	0.770	08/17/26	228,499	210,477
200,000	Pioneer Natural Resources Company	5.100	03/29/26	199,558	199,902
100,000	PNC Financial Services Group Inc	6.615	10/20/27	102,429	100,000
135,000	PVTPL Delta Air Lines/Skymiles	4.750	10/20/28	131,478	129,769
	<u>Forward</u>			\$ 14,775,688	\$ 14,934,393

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
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E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 14,775,688	\$ 14,934,393
\$ 40,000	PVTPL Boeing Co	6.259	05/01/27	40,270	40,000
210,000	PVTPL Hyundai Cap America	5.250	01/08/27	209,151	209,836
20,253	PVTPL Pacific Beacon LLC	5.379	07/15/26	20,218	21,750
280,000	PVTPL Pennsylvania	5.150	03/30/26	278,110	279,331
30,526	Reliance Industries	1.870	01/15/26	29,504	29,380
175,000	Royal Bank of Canada Global Medium Term	5.200	07/20/26	174,774	174,981
145,000	Royal Bank of Canada	4.875	01/19/27	144,039	144,964
75,000	Royal Bank of Canada	4.650	01/27/26	73,941	76,374
210,000	Santander Drive Auto Receivables Trust	5.250	04/17/28	209,114	209,989
100,000	Schwab Charles Corp	3.450	02/13/26	97,074	94,237
61,556	SMB Private Education Loan Trust	3.600	01/15/37	59,767	64,520
62,365	SMB Private Education Loan Trust	2.820	10/15/35	60,559	64,576
65,822	SMB Private Education Loan Trust	1.290	07/15/53	60,302	65,997
85,000	Smith & Nephew Plc	5.150	03/20/27	84,717	84,909
167,719	Soundview Home	6.165	11/25/35	164,329	164,365
135,000	State Street Corp	4.857	01/26/26	134,393	135,000
145,000	State Street Corp	4.993	03/18/27	144,825	145,000
50,980	Structured Adjustable Rate Mortgage Loan	Var.	09/25/34	49,117	51,251
49,023	Structured Asset Securities	6.944	02/25/35	50,167	49,469
300,000	Take-Two Interactive	5.000	03/28/26	298,051	299,835
70,000	Tesla Auto Lease	5.890	06/22/26	70,150	69,995
100,000	The Bank of New York Mellon Corporation	4.414	07/24/26	98,877	100,000
100,000	The Bank of New York Mellon Corporation	4.947	04/26/27	99,385	100,000
160,000	The Toronto-Dominion Bank	5.532	07/17/26	160,561	160,029
22,236	Thornberg Mortgage Securities	Var.	03/25/44	21,493	22,069
258,507	Toyota Auto Receivables	2.930	09/15/26	254,527	258,501
180,000	Toyota MTR Corp	4.800	01/05/26	179,105	179,861
80,000	Truist Financial Corporation	6.047	06/08/27	80,560	80,000
105,000	U.S. Bancorp	5.727	10/21/26	105,179	105,000
202,044	U.S. Airways	3.950	05/15/27	197,320	195,983
168,375	United Airlines	3.750	03/03/28	162,471	161,956
245,000	Verizon Master Trust	0.990	04/20/28	241,507	244,965
230,000	Virginia Power Fuel Securitization LLC	5.088	05/01/29	228,875	229,997
130,000	Wells Fargo & Company	3.908	04/25/26	128,049	129,964
213,580	Wells Fargo Coml	3.572	09/15/58	209,095	206,305
310,000	Wisconsin Public Service	5.350	11/10/25	309,792	309,931
339,801	World Omni Automobile Lease Securitization Trust	3.250	07/15/27	335,073	339,759
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 20,040,129</u>	<u>\$ 20,234,472</u>
No. of Shares	<u>Mutual Fund</u>				
2,735,968	Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y			<u>\$ 22,517,018</u>	<u>\$ 25,057,528</u>

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E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2024

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