

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] 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: WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 07/01/1975
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) BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D
44-40 11TH STREET LONG ISLAND CITY, NY 11101
2b Employer Identification Number (EIN) 13-6694320
2c Plan Sponsor's telephone number 212-255-7657
2d Business code (see instructions) 237990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for THOMAS A. CALLAHAN and MICHAEL SALGO.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	2862
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)	2862
	6a(2)	2956
	6b	
	6c	
	6d	2956
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	504

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 4D 4E 4F 4L 4Q 4U

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO</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 BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D</p>	<p>D Employer Identification Number (EIN) 13-6694320</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	C4574, CP4574	4828	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid 62447</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CLARKE & SAMPSON, INC. 228 S WASHINGTON ST. SUITE 200 ALEXANDRIA, VA 22314

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62447	0		3

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1673992
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO</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 BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D</p>	<p>D Employer Identification Number (EIN) 13-6694320</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
UNITED HEALTHCARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	S5805,5820,5921	353	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	419944
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D	D Employer Identification Number (EIN) 13-6694320	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

EMPIRE HEALTHCHOICE ASSURANCE, INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	2280969	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	650908	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)

CATHERINE CHASE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	378079	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)

YASIR ELTAYEB

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	270957	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)

WILLIAM STANTON

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	235106	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)

RICHARD LOPEZ

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	199919	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)

BRADY MCGUIRE & STEINBERG, PC

13-4089943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	162785	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)

ANGEL MALDONADO

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	146907	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)

JENNIFER MARINO

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	139960	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)

VINCENT TURANO

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	132029	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)

TELEMEDICINE MGMT, INC DBA SWIFT MD

26-1306606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	108243	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)

FLORENCE CHASE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	98706	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)

MOHAMED KARAMALI

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	94936	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)

MICHELLE PAONE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	88520	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)

FRIDA DAVYDOV

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	83913	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)

VANESSA ITURRALDE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	83416	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)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	78019	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)

EFRAIN A SEGOVIA

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71255	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)

LETICIA GONZALES

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70561	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)

OLIVIA ADAMO

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62441	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)

DENISSE ITURRALDE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53453	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)

NICOLE PAONE

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49501	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)

SYDNEY ADAMO

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44334	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)

OPTUM RX

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	41773	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	23756	Yes <input type="checkbox"/> No <input checked="" 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)

EMILY GINAS

13-6694320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	31933	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)

WELLS FARGO ADVISORS

34-1542819

(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 28 51	NONE	25000	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)

EVEREADY GRAPHICS

46-3471000

(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 50	NONE	20873	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)

MOSAIC DATA SERVICES INC.

27-4716698

(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 50	NONE	11788	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)

ORACLE AMERICA, INC.

12320 ORACLE BLVD
COLORADO SPRINGS, CO 80921

(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 50	NONE	7964	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)

CLARKE & SAMPSON, INC.

54-0657005

(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?
22 53	INSURANCE BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLARKE & SAMPSON, INC.	22 53	7095
(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.	
ULLICO CASUALTY GROUP, INC. 13-2988846	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLARKE & SAMPSON, INC.	22 53	1020
(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.	
PHILADELPHIA INSURANCE COMPANY 23-1738402	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUM RX, INC.	12 50 62 99	23756
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALL PARTICIPATING PROVIDERS	PHARMACY SUBMISSION FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D	D Employer Identification Number (EIN) 13-6694320

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	93921
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	6210425
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	56343482
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46156653
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	89293668

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	147522	164740
f Total assets (add all amounts in lines 1a through 1e).....	1f	108952003	132197615
Liabilities			
g Benefit claims payable.....	1g	22893094	24946831
h Operating payables.....	1h	3955387	3207261
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	50479	49944
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26898960	28204036
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	82053043	103993579

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)	95481501	
(B) Participants.....	2a(1)(B)	38547707	
(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)		134029208
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1407569	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1407569
(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)	3084674	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3084674
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1151452
c Other income	2c		30609
d Total income. Add all income amounts in column (b) and enter total.....	2d		139703512

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	119030858	
(2) To insurance carriers for the provision of benefits	2e(2)	2089187	
(3) Other.....	2e(3)	-5822816	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		115297229
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)	1826584	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75830	
(5) Investment advisory and investment management fees	2i(5)	25000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	78019	
(8) Legal fees	2i(8)	128158	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1781	
(11) Other expenses.....	2i(11)	330375	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2465747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		117762976

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		21940536
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
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485A US Route 1 South
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Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report

Board of Trustees

Welfare Fund of the International Union of Operating Engineers Local Unions 15, 15A, 15C, 15D AFL-CIO

Opinion

We have audited the accompanying financial statements of the Welfare Fund of the International Union of Operating Engineers Local Unions 15, 15A, 15C, 15D AFL-CIO (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 23 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 24 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
July 23, 2025

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here. [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program 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 WELFARE FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C 15D, AFL-CIO

1b Three-digit plan number (PN) 501

1c Effective date of plan 07/01/1975

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) BD OF TRUSTEES WELFARE FD OF THE IUOE LO UNIONS 15, 15A, 15C, 15D 44-40 11th STREET LONG ISLAND CITY NY 11101

2b Employer Identification Number (EIN) 13-6694320

2c Plan Sponsor's telephone number (212) 255-7657

2d Business code (see instructions) 237990

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Thomas A. Callahan, 6/12/2025. Row 2: Michael Salgo, 6/12/2025. Row 3: (Empty)

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2,862</td> </tr> </table>	5	2,862																															
5	2,862																																	
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">2,862</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">2,956</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">2,956</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> </tr> </table>				6a(1)		2,862	6a(2)		2,956	6b			6c			6d		2,956	6e			6f			6g(1)			6g(2)			6h		
6a(1)		2,862																																
6a(2)		2,956																																
6b																																		
6c																																		
6d		2,956																																
6e																																		
6f																																		
6g(1)																																		
6g(2)																																		
6h																																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">504</td> </tr> </table>	7	504																															
7	504																																	

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 4D 4E 4F 4L 4Q 4U

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL UNIONS 15, 15A, 15C, 15D AFL-CIO**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

YEARS ENDED DECEMBER 31, 2024 AND 2023

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Independent Auditor's Report

Board of Trustees

Welfare Fund of the International Union of Operating
Engineers Local Unions 15, 15A, 15C, 15D AFL-CIO

Opinion

We have audited the accompanying financial statements of the Welfare Fund of the International Union of Operating Engineers Local Unions 15, 15A, 15C, 15D AFL-CIO (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 19 through 23 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 24 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
July 23, 2025

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments at fair value		
Interest bearing cash	\$ 39,747,940	\$ 56,343,482
Registered investment companies	<u>89,293,668</u>	<u>46,156,653</u>
Total investments	129,041,608	102,500,135
Receivables		
Employers' contributions	188,715	93,921
Related organizations	973,806	3,206,526
Prescription drug rebate	1,791,451	2,959,668
Other	37,295	44,231
Other assets	<u>164,740</u>	<u>147,522</u>
Total assets	<u>132,197,615</u>	<u>108,952,003</u>
Liabilities		
Accounts payable	3,207,261	3,955,387
Deferred contributions	<u>49,944</u>	<u>50,479</u>
Total liabilities	<u>3,257,205</u>	<u>4,005,866</u>
Net assets available for benefits	<u>\$ 128,940,410</u>	<u>\$ 104,946,137</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 1,151,452	\$ 2,657,908
Interest/dividends	4,492,243	2,747,343
Total investment income	5,643,695	5,405,251
Less investment expenses	(25,000)	(56,431)
Net investment income	5,618,695	5,348,820
Contributions		
Participants'	38,547,707	31,166,787
Employers'	95,481,501	82,033,883
Other income	30,609	5,000,662
 Total additions	 139,678,512	 123,550,152
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care		
Active participants	75,049,176	65,757,121
Retired participants	4,542,326	3,208,632
Group health insurance premiums		
Active participants	1,669,243	1,822,180
Retired participants	419,944	495,769
Personal account benefits		
Active participants	3,419,129	3,354,021
Retired participants	577,816	498,202
Death		
Active participants	81,550	338,450
Retired participants	282,730	304,500
Vacation	33,024,394	28,860,114
Benefits attributable to Retirees	(5,822,816)	(4,507,103)
Total benefits paid	113,243,492	100,131,886
Administrative expenses	2,440,747	2,542,500
 Total deductions	 115,684,239	 102,674,386
 Net increase	 23,994,273	 20,875,766
 Net assets available for benefits		
Beginning of year	104,946,137	84,070,371
End of year	\$ 128,940,410	\$ 104,946,137

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 10,068,877	\$ 9,750,292
Vacation benefits payable	<u>14,877,954</u>	<u>13,142,802</u>
	<u>24,946,831</u>	<u>22,893,094</u>
 Postemployment benefit obligations		
Accumulated eligibility credits	81,598,000	72,835,000
Participant account balances	<u>42,633,000</u>	<u>41,487,000</u>
	<u>124,231,000</u>	<u>114,322,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Retired participants	43,376,000	55,090,000
Other participants fully eligible for benefits	45,774,000	45,120,000
Participants not yet fully eligible for benefits	<u>64,815,000</u>	<u>77,137,000</u>
	<u>153,965,000</u>	<u>177,347,000</u>
 Plan's total benefit obligations	<u>\$ 303,142,831</u>	<u>\$ 314,562,094</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 22,893,094	\$ 23,270,473
Claims reported and approved for payment	115,297,229	99,754,507
Total benefits paid	<u>(113,243,492)</u>	<u>(100,131,886)</u>
Balance at end of year	<u>24,946,831</u>	<u>22,893,094</u>
 Postemployment benefit obligations		
Balance at beginning of year	114,322,000	114,008,300
Net change during year:		
Accumulated eligibility credits	8,763,000	(1,087,300)
Participant account balances	<u>1,146,000</u>	<u>1,401,000</u>
Balance at end of year	<u>124,231,000</u>	<u>114,322,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	177,347,000	233,283,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned - service cost	6,603,000	8,675,000
Interest	8,293,000	11,438,000
Expected benefits paid	(9,265,000)	(9,157,000)
Changes in actuarial assumptions	(29,013,000)	(68,713,000)
Actuarial experience loss	<u>-</u>	<u>1,821,000</u>
Balance at end of year	<u>153,965,000</u>	<u>177,347,000</u>
 Plan's total benefit obligations at end of year	 <u>\$ 303,142,831</u>	 <u>\$ 314,562,094</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Welfare Fund of the International Union of Operating Engineers Local Unions 15, 15A, 15C, 15D AFL-CIO (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective July 1, 1975 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Union of Operating Engineers Local 15, 15A, 15B, 15C, 15D, 15G, 15H AFL-CIO (the "Union") and various employers and employer associations in the construction industry in the New York Metropolitan Area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits for retired participants, eligible under the terms of the Plan, are paid by the Retiree Plan of the I.U.O.E. Local 15 Welfare Fund (the "Retiree Plan"). The financial activity of the Plan, as well as the Retiree Plan, is accounted for through a single trust. Employer contributions are allocated to cover the expenses of the Retiree Plan. Pending guidance from the Department of Labor, the Retiree Plan's financial statements only reflect the activity of the Retiree Plan. For clarity, the Plan's financial statements should be read in conjunction with the Retiree Plan's financial statements.

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

Purpose

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

Participants consist of the following classes

Active participants and dependents

A participant must first work a specified number of hours in covered employment to establish initial eligibility for medical and hospitalization coverage. The year has been divided into three benefit periods of four months: January through April, May through August, and September through December. In general, continued eligibility is maintained by working a specified number of hours in the preceding one, two, or three benefit periods. The specified hours requirements vary depending on the collective bargaining agreement.

Eligibility requirements for death and accidental death and dismemberment coverage varies depending on the agreement.

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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

Retired participants and dependents

Retired participants must be receiving retirement benefits from the Central Pension Fund of the International Union of Operating Engineers, provided they are over the age of 62 and have either attained three pension credits within the five year period immediately preceding retirement and have a minimum of 10 years of credited service, or have 25 years of pension credit at the time they apply for retirement. As indicated above, retiree benefit coverage is provided by the Retiree Plan.

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

Benefits

Benefits are paid by means of a trust and group insurance contracts. The benefits include, but are not limited to medical, hospital, surgical, optical, dental, prescription drug, vacation, death, accidental death and dismemberment, and short-term disability. Medical Reimbursement Accounts (Health Reimbursement Accounts - HRA) provide additional health care benefits that are limited to amounts accumulated in the individual account and are governed by the provisions of the Plan.

Effective September 1, 2022, a participant's account balance shall be forfeited if not expended within four years of the date of the participant's death.

Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan.

Plan termination

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

Basis of accounting

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

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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

Investment valuation and income recognition

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

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

Employers' and participants' contributions receivable

Employers' and participants' contributions receivable are estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Reciprocal agreements

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

Postretirement benefits obligations

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

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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

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

The 2024 valuation assumption changes decreased obligations by \$29,013,000. This was the net result of (1) a decrease in obligations due to revising the valuation-year per capita health costs and trend rates on such costs, (2) an increase in obligations due to updating the enrollment assumption for post-65 prescription drug benefits, and (3) a decrease in obligations due to raising the discount rate.

The 2023 valuation assumption changes decreased obligations by \$68,713,000. This was the net result of (1) a decrease in obligations due to revising the future trend on post-65 valuation-year per capita health costs, (2) a decrease in obligations due to adjusting the enrollment assumption for post-65 benefits for current and future retirees based on information provided in the data, and (3) an offset due to the increase in obligations due to lowering the discount rate.

Pending guidance from the Department of Labor, all plan benefit obligations are reflected on the Plan's financial statements.

The following were other significant assumptions used in the valuation as of December 31, 2024 and 2023:

Average discount rate	2024: 5.50% 2023: 4.80%
Assumed retirement age	65
Health trend rates - Pre-65 Medical	2024: 6.75% in 2025 graded to 4.50% over 9 years 2023: 7.00% in 2024 graded to 4.50% over 10 years
Health trend rates - Post-65 Medical	2024: 6.25% in 2025 graded to 4.50% over 7 years 2023: 6.50% in 2024 graded to 4.50% over 8 years
Mortality	RP-2006 Combined Mortality Table projected generationally using Scale MP-2019

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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

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

The average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of December 31, 2024 and 2023 by \$21,922,000 and \$26,840,000, respectively.

Other Plan benefits

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

Plan obligations for accumulated eligibility of active participants are estimated annually at December 31st, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through December 31st.

Leases

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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

Use of estimates

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

Administrative expense allocation

The administrative office is occupied by the Plan and various related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended December 31, 2024 and 2023 were \$2,297,662 and \$2,114,232, respectively.

Reimbursements paid to related organizations for the years ended December 31, 2024 and 2023 were \$4,060 and \$11,539, respectively.

Administrative expenses estimated to be attributable to the Retiree Plan for the years ended December 31, 2024 and 2023 were \$256,650 and \$202,224, respectively.

Note 2 - Fair value measurements

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

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

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

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

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

Interest bearing cash: Valued at cost.

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 39,747,940	\$ 39,747,940	\$ -	\$ -
Registered investment companies	<u>89,293,668</u>	<u>89,293,668</u>	<u>-</u>	<u>-</u>
 Total assets in the fair value hierarchy	 <u>\$ 129,041,608</u>	 <u>\$ 129,041,608</u>	 <u>\$ -</u>	 <u>\$ -</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 56,343,482	\$ 56,343,482	\$ -	\$ -
Registered investment companies	<u>46,156,653</u>	<u>46,156,653</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>\$ 102,500,135</u>	<u>\$ 102,500,135</u>	<u>\$ -</u>	<u>\$ -</u>

Note 3 - Cash

At times throughout the years the Plan may have on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts.

Note 4 - Risks and uncertainties

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

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

Note 5 - Employers' and participants' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employers' contributions are generally based on hours paid.

Employers are required to withhold vacation benefit contributions from participants' pay based on rates specified in collective bargaining agreements and remit these contributions to the Plan. Participants' contributions are generally based on hours paid.

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 5 - Employers' and participants' contributions (cont'd)

Employer contributions are allocated to the Retiree Plan to cover benefit payments and shared administrative expenses.

Note 6 - Contribution from Local 15 Union

During the year ended December 31, 2023 the Executive Board of the Union approved a contribution of \$5,000,000 (included in Other income), in order to defray rising costs of medical bills.

Note 7 - Benefit obligations compared to net assets available for benefits

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 128,940,410	\$ 104,946,137
Plan's total benefit obligations	<u>303,142,831</u>	<u>314,562,094</u>
Plan's total benefit obligations over net assets available for benefits	<u>\$ (174,202,421)</u>	<u>\$ (209,615,957)</u>

The Plan's benefit obligations over net assets available for benefits as of December 31, 2024 and 2023 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 8 - Reconciliation of financial statements to Form 5500

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

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 128,940,410	\$ 104,946,137
Less: vacation benefits payable	14,877,954	13,142,802
Less: claims payable, claims incurred but not reported, and premiums due to insurers	10,068,877	9,750,292
Net assets available for benefits as reported on Form 5500	\$ 103,993,579	\$ 82,053,043

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

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

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 8 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 5,618,695	\$ 25,000	\$ 5,643,695
Contributions	134,029,208	-	134,029,208
Other income	<u>30,609</u>	<u>-</u>	<u>30,609</u>
 Total additions	 <u>139,678,512</u>	 <u>25,000</u>	 <u>139,703,512</u>
 Benefits paid to or for participants	 113,243,492	 2,053,737	 115,297,229
Administrative expenses	<u>2,440,747</u>	<u>25,000</u>	<u>2,465,747</u>
 Total deductions	 <u>115,684,239</u>	 <u>2,078,737</u>	 <u>117,762,976</u>
 Net increase	 <u>\$ 23,994,273</u>	 <u>\$ (2,053,737)</u>	 <u>\$ 21,940,536</u>

Note 9 - Form 5500 clarification

The Plan's Form 5500 - Schedule H - Part II reflects all benefits (including benefits attributable to the Retiree Plan). The benefits attributable to the Retiree Plan are then reflected as a reduction on Line 2e(3). The Retiree Plan's Form 5500 - Schedule H - Part II reflects the benefits attributable to the Retiree Plan as a positive amount on Line 2e(3).

Note 10 - Tax status

The trust funding the Plan has received an exemption letter from the IRS dated May 5, 1977, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
ALERUS FINANCIAL N.A.	VARIABLE	DEMAND	\$ 247,000	\$ 247,000
AMALGAMATED BANK	VARIABLE	DEMAND	247,000	247,000
AMERANT BANK N.A.	VARIABLE	DEMAND	247,000	247,000
APPLE BANK	VARIABLE	DEMAND	247,000	247,000
ASSOCIATED BANK N.A.	VARIABLE	DEMAND	247,000	247,000
ATLANTIC UNION BANK	VARIABLE	DEMAND	247,000	247,000
AVIDBANK	VARIABLE	DEMAND	247,000	247,000
AXOS BANK	VARIABLE	DEMAND	247,000	247,000
B1BANK	VARIABLE	DEMAND	247,000	247,000
BANC OF CALIFORNIA	VARIABLE	DEMAND	247,000	247,000
BANK 7	VARIABLE	DEMAND	247,000	247,000
BANK OF BARODA	VARIABLE	DEMAND	247,000	247,000
BANK OF CHINA	VARIABLE	DEMAND	247,000	247,000
BANK OF INDIA	VARIABLE	DEMAND	247,000	247,000
BANK RHODE ISLAND	VARIABLE	DEMAND	247,000	247,000
BANKERS TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
BANKUNITED	VARIABLE	DEMAND	247,000	247,000
BANNER BANK	VARIABLE	DEMAND	247,000	247,000
BANTERRA BANK	VARIABLE	DEMAND	247,000	247,000
BARCLAYS BANK DELAWARE	VARIABLE	DEMAND	247,000	247,000
BELL BANK	VARIABLE	DEMAND	247,000	247,000
BLACKHAWK BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
BNC NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
BOKF NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
BREMER BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
BRIDGEWATER BANK	VARIABLE	DEMAND	247,000	247,000
BURKE & HERBERT BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
BYLINE BANK	VARIABLE	DEMAND	247,000	247,000
CADENCE BANK	VARIABLE	DEMAND	247,000	247,000
CEDAR RAPIDS BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
CENTENNIAL BANK	VARIABLE	DEMAND	247,000	247,000
CENTRAL NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
CHOICE FINANCIAL GROUP	VARIABLE	DEMAND	247,000	247,000
CHOICEONE BANK	VARIABLE	DEMAND	247,000	247,000
CITIZENS BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
CITIZENS COMMUNITY FEDERAL N.A.	VARIABLE	DEMAND	247,000	247,000
CITY FIRST BANK N.A.	VARIABLE	DEMAND	247,000	247,000
CITY NATIONAL BANK OF FLORIDA	VARIABLE	DEMAND	247,000	247,000
COMMERCIAL BANK OF CALIFORNIA	VARIABLE	DEMAND	247,000	247,000
CONNECTONE BANK	VARIABLE	DEMAND	247,000	247,000
CORNERSTONE CAPITAL BANK SSB	VARIABLE	DEMAND	247,000	247,000
COUNTRY CLUB BANK	VARIABLE	DEMAND	247,000	247,000
CROSS RIVER BANK	VARIABLE	DEMAND	247,000	247,000
CUSTOMERS BANK	VARIABLE	DEMAND	247,000	247,000
DACOTAH BANK	VARIABLE	DEMAND	247,000	247,000
DIME COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
DOGWOOD STATE BANK	VARIABLE	DEMAND	247,000	247,000
EAGLEBANK	VARIABLE	DEMAND	247,000	247,000
EAST WEST BANK	VARIABLE	DEMAND	247,000	247,000
EASTERN BANK	VARIABLE	DEMAND	247,000	247,000
ENTERPRISE BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
ENTERPRISE BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
EQUITY BANK	VARIABLE	DEMAND	247,000	247,000
FARMERS BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
FIELD & MAIN BANK - WM	VARIABLE	DEMAND	247,000	247,000

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
FIRST BANK	VARIABLE	DEMAND	247,000	247,000
FIRST BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRST BANK CHICAGO	VARIABLE	DEMAND	247,000	247,000
FIRST COMMERCIAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST COMMONWEALTH BANK	VARIABLE	DEMAND	247,000	247,000
FIRST FINANCIAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST HORIZON BANK	VARIABLE	DEMAND	247,000	247,000
FIRST INTERNATIONAL BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRST MERCHANTS BANK	VARIABLE	DEMAND	247,000	247,000
FIRST MID BANK & TRUST N.A.	VARIABLE	DEMAND	247,000	247,000
FIRST NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST NATIONAL BANK OF OMAHA	VARIABLE	DEMAND	247,000	247,000
FIRST NORTHERN BANK OF DIXON	VARIABLE	DEMAND	247,000	247,000
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	DEMAND	168,240	168,240
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	DEMAND	78,760	78,760
FIRST WESTERN BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRSTBANK	VARIABLE	DEMAND	247,000	247,000
FIRST-CITIZENS BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
FLAGSTAR BANK	VARIABLE	DEMAND	44,926	44,926
FRANSEN BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FRONTIER BANK OF TEXAS	VARIABLE	DEMAND	247,000	247,000
FULTON BANK N.A.	VARIABLE	DEMAND	247,000	247,000
GLACIER BANK	VARIABLE	DEMAND	247,000	247,000
GREAT SOUTHERN BANK	VARIABLE	DEMAND	247,000	247,000
GUARANTY BANK	VARIABLE	DEMAND	247,000	247,000
GULF COAST BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
HERITAGE BANK OF COMMERCE	VARIABLE	DEMAND	247,000	247,000
HOMESTREET BANK	VARIABLE	DEMAND	247,000	247,000
HTLF BANK	VARIABLE	DEMAND	247,000	247,000
INB	VARIABLE	DEMAND	247,000	247,000
INDEPENDENT BANK	VARIABLE	DEMAND	247,000	247,000
INTERBANK	VARIABLE	DEMAND	247,000	247,000
INTRUST BANK NA	VARIABLE	DEMAND	247,000	247,000
ISRAEL DISCOUNT BANK OF NEW YORK	VARIABLE	DEMAND	247,000	247,000
KEARNY BANK	VARIABLE	DEMAND	247,000	247,000
KEYBANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
LANDMARK NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
LINCOLN SAVINGS BANK	VARIABLE	DEMAND	247,000	247,000
LIVE OAK BANKING COMPANY	VARIABLE	DEMAND	247,000	247,000
MABREY BANK	VARIABLE	DEMAND	247,000	247,000
MECHANICS BANK	VARIABLE	DEMAND	247,000	247,000
MERCHANTS BANK OF INDIANA	VARIABLE	DEMAND	52,491	52,491
MIDFIRST BANK	VARIABLE	DEMAND	247,000	247,000
MIDLAND STATES BANK	VARIABLE	DEMAND	247,000	247,000
MORTON COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
NBH BANK	VARIABLE	DEMAND	247,000	247,000
NBT BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
NEXBANK	VARIABLE	DEMAND	247,000	247,000
NORTHEAST BANK	VARIABLE	DEMAND	247,000	247,000
NORTHRIM BANK	VARIABLE	DEMAND	247,000	247,000
NORTHWEST BANK	VARIABLE	DEMAND	247,000	247,000
OCEAN BANK	VARIABLE	DEMAND	247,000	247,000
OLD NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
ORIGIN BANK	VARIABLE	DEMAND	247,000	247,000
PACIFIC PREMIER BANK	VARIABLE	DEMAND	247,000	247,000

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
PARK NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
PATRIOT BANK	VARIABLE	DEMAND	247,000	247,000
PEAPACK PRIVATE BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
PINNACLE BANK	VARIABLE	DEMAND	247,000	247,000
PINNACLE BANK	VARIABLE	DEMAND	247,000	247,000
PLAINSCAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
PREFERRED BANK	VARIABLE	DEMAND	247,000	247,000
PREMIER BANK	VARIABLE	DEMAND	247,000	247,000
PROSPERITY BANK	VARIABLE	DEMAND	247,000	247,000
PROVIDENT BANK	VARIABLE	DEMAND	247,000	247,000
QUAD CITY BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
RAYMOND JAMES BANK	VARIABLE	DEMAND	247,000	247,000
RIVER BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
RIVER CITY BANK	VARIABLE	DEMAND	247,000	247,000
ROCKLAND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
SANDY SPRING BANK	VARIABLE	DEMAND	247,000	247,000
SEACOAST NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
SERVISFIRST BANK	VARIABLE	DEMAND	247,000	247,000
SHORE UNITED BANK N.A.	VARIABLE	DEMAND	247,000	247,000
SIMMONS BANK	VARIABLE	DEMAND	247,000	247,000
SMARTBANK	VARIABLE	DEMAND	247,000	247,000
SOUTH STATE BANK N.A.	VARIABLE	DEMAND	247,000	247,000
SOUTHSIDE BANK	VARIABLE	DEMAND	203,812	203,812
SOUTHSIDE BANK	VARIABLE	DEMAND	43,188	43,188
STATE BANK OF INDIA	VARIABLE	DEMAND	247,000	247,000
STIFEL BANK	VARIABLE	DEMAND	247,000	247,000
SUNFLOWER BANK NA	VARIABLE	DEMAND	247,000	247,000
SYNOVUS BANK	VARIABLE	DEMAND	247,000	247,000
TEXAS CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TEXAS PARTNERS BANK	VARIABLE	DEMAND	247,000	247,000
THE CAMDEN NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
THE HUNTINGTON NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
THE RICHWOOD BANKING COMPANY	VARIABLE	DEMAND	247,000	247,000
TOMPKINS COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
TRADITION CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TRISTATE CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TRUIST BANK	VARIABLE	DEMAND	247,000	247,000
UMB BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
UMPQUA BANK	VARIABLE	DEMAND	247,000	247,000
UNIBANK FOR SAVINGS	VARIABLE	DEMAND	247,000	247,000
UNITED BANK	VARIABLE	DEMAND	247,000	247,000
UNITED COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
UNITED FIDELITY BANK FSB	VARIABLE	DEMAND	247,000	247,000
VALLEY NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
WATERFORD BANK N.A.	VARIABLE	DEMAND	247,000	247,000
WEBSTER BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
WELLS FARGO	VARIABLE	DEMAND	871,523	871,523
WESBANCO BANK INC.	VARIABLE	DEMAND	247,000	247,000
WEST POINT BANK	VARIABLE	DEMAND	247,000	247,000
WESTERN ALLIANCE BANK	VARIABLE	DEMAND	247,000	247,000
WOODFOREST NATL BANK	VARIABLE	DEMAND	247,000	247,000
ZIONS BANCORPORATION N. A.	VARIABLE	DEMAND	247,000	247,000
			<u>\$ 39,747,940</u>	<u>\$ 39,747,940</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
DODGE & COX INCOME FUND I	632,528	\$ 7,823,901	\$ 7,830,690
FIDELITY TREASURY PORTFOLIO	40,331,953	40,331,953	40,331,953
FPA FDS TR NEW INCOME FUND	806,725	7,728,452	7,881,698
PIMCO MODERATE DURATION FUND	1,258,703	11,527,262	11,529,725
VANGUARD INTERMEDIATE BOND ETF	76,836	5,885,414	5,741,954
VANGUARD SHORT TERM ETF	75,048	5,735,909	5,798,959
VANGUARD TOTAL INTL ETF	46,567	2,591,919	2,744,193
VANGUARD TOTAL STOCK ETF	25,653	5,235,005	7,434,496
		<u>\$ 86,859,815</u>	<u>\$ 89,293,668</u>

WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15, 15A, 15C, 15D AFL-CIO

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	FIDELITY TREASURY PORT - INSTITUTIONAL CLASS SHS	\$ 39,000,003	\$ -	\$ -	\$ -	\$ -	\$ 39,000,003	\$ -

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 1,157,572	\$ 1,170,048
Payroll taxes	92,557	93,671
Employee benefits	576,455	606,074
Occupancy	131,200	131,200
Office	78,772	115,599
Printing and postage	103,828	80,396
Legal and collection	128,158	131,277
Accounting	302,101	224,344
Actuarial consulting	78,019	115,700
Insurance	46,954	71,049
Conferences and meetings	1,781	5,366
Expenses attributable to retirees	<u>(256,650)</u>	<u>(202,224)</u>
Total administrative expenses	<u>\$ 2,440,747</u>	<u>\$ 2,542,500</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
ALERUS FINANCIAL N.A.	VARIABLE	DEMAND	\$ 247,000	\$ 247,000
AMALGAMATED BANK	VARIABLE	DEMAND	247,000	247,000
AMERANT BANK N.A.	VARIABLE	DEMAND	247,000	247,000
APPLE BANK	VARIABLE	DEMAND	247,000	247,000
ASSOCIATED BANK N.A.	VARIABLE	DEMAND	247,000	247,000
ATLANTIC UNION BANK	VARIABLE	DEMAND	247,000	247,000
AVIDBANK	VARIABLE	DEMAND	247,000	247,000
AXOS BANK	VARIABLE	DEMAND	247,000	247,000
B1BANK	VARIABLE	DEMAND	247,000	247,000
BANC OF CALIFORNIA	VARIABLE	DEMAND	247,000	247,000
BANK 7	VARIABLE	DEMAND	247,000	247,000
BANK OF BARODA	VARIABLE	DEMAND	247,000	247,000
BANK OF CHINA	VARIABLE	DEMAND	247,000	247,000
BANK OF INDIA	VARIABLE	DEMAND	247,000	247,000
BANK RHODE ISLAND	VARIABLE	DEMAND	247,000	247,000
BANKERS TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
BANKUNITED	VARIABLE	DEMAND	247,000	247,000
BANNER BANK	VARIABLE	DEMAND	247,000	247,000
BANTERRA BANK	VARIABLE	DEMAND	247,000	247,000
BARCLAYS BANK DELAWARE	VARIABLE	DEMAND	247,000	247,000
BELL BANK	VARIABLE	DEMAND	247,000	247,000
BLACKHAWK BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
BNC NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
BOKF NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
BREMER BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
BRIDGEWATER BANK	VARIABLE	DEMAND	247,000	247,000
BURKE & HERBERT BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
BYLINE BANK	VARIABLE	DEMAND	247,000	247,000
CADENCE BANK	VARIABLE	DEMAND	247,000	247,000
CEDAR RAPIDS BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
CENTENNIAL BANK	VARIABLE	DEMAND	247,000	247,000
CENTRAL NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
CHOICE FINANCIAL GROUP	VARIABLE	DEMAND	247,000	247,000
CHOICEONE BANK	VARIABLE	DEMAND	247,000	247,000
CITIZENS BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
CITIZENS COMMUNITY FEDERAL N.A.	VARIABLE	DEMAND	247,000	247,000
CITY FIRST BANK N.A.	VARIABLE	DEMAND	247,000	247,000
CITY NATIONAL BANK OF FLORIDA	VARIABLE	DEMAND	247,000	247,000
COMMERCIAL BANK OF CALIFORNIA	VARIABLE	DEMAND	247,000	247,000
CONNECTONE BANK	VARIABLE	DEMAND	247,000	247,000
CORNERSTONE CAPITAL BANK SSB	VARIABLE	DEMAND	247,000	247,000
COUNTRY CLUB BANK	VARIABLE	DEMAND	247,000	247,000
CROSS RIVER BANK	VARIABLE	DEMAND	247,000	247,000
CUSTOMERS BANK	VARIABLE	DEMAND	247,000	247,000
DACOTAH BANK	VARIABLE	DEMAND	247,000	247,000
DIME COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
DOGWOOD STATE BANK	VARIABLE	DEMAND	247,000	247,000
EAGLEBANK	VARIABLE	DEMAND	247,000	247,000
EAST WEST BANK	VARIABLE	DEMAND	247,000	247,000
EASTERN BANK	VARIABLE	DEMAND	247,000	247,000
ENTERPRISE BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
ENTERPRISE BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
EQUITY BANK	VARIABLE	DEMAND	247,000	247,000
FARMERS BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
FIELD & MAIN BANK - WM	VARIABLE	DEMAND	247,000	247,000

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
FIRST BANK	VARIABLE	DEMAND	247,000	247,000
FIRST BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRST BANK CHICAGO	VARIABLE	DEMAND	247,000	247,000
FIRST COMMERCIAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST COMMONWEALTH BANK	VARIABLE	DEMAND	247,000	247,000
FIRST FINANCIAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST HORIZON BANK	VARIABLE	DEMAND	247,000	247,000
FIRST INTERNATIONAL BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRST MERCHANTS BANK	VARIABLE	DEMAND	247,000	247,000
FIRST MID BANK & TRUST N.A.	VARIABLE	DEMAND	247,000	247,000
FIRST NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
FIRST NATIONAL BANK OF OMAHA	VARIABLE	DEMAND	247,000	247,000
FIRST NORTHERN BANK OF DIXON	VARIABLE	DEMAND	247,000	247,000
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	DEMAND	168,240	168,240
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	DEMAND	78,760	78,760
FIRST WESTERN BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FIRSTBANK	VARIABLE	DEMAND	247,000	247,000
FIRST-CITIZENS BANK & TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
FLAGSTAR BANK	VARIABLE	DEMAND	44,926	44,926
FRANSEN BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
FRONTIER BANK OF TEXAS	VARIABLE	DEMAND	247,000	247,000
FULTON BANK N.A.	VARIABLE	DEMAND	247,000	247,000
GLACIER BANK	VARIABLE	DEMAND	247,000	247,000
GREAT SOUTHERN BANK	VARIABLE	DEMAND	247,000	247,000
GUARANTY BANK	VARIABLE	DEMAND	247,000	247,000
GULF COAST BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
HERITAGE BANK OF COMMERCE	VARIABLE	DEMAND	247,000	247,000
HOMESTREET BANK	VARIABLE	DEMAND	247,000	247,000
HTLF BANK	VARIABLE	DEMAND	247,000	247,000
INB	VARIABLE	DEMAND	247,000	247,000
INDEPENDENT BANK	VARIABLE	DEMAND	247,000	247,000
INTERBANK	VARIABLE	DEMAND	247,000	247,000
INTRUST BANK NA	VARIABLE	DEMAND	247,000	247,000
ISRAEL DISCOUNT BANK OF NEW YORK	VARIABLE	DEMAND	247,000	247,000
KEARNY BANK	VARIABLE	DEMAND	247,000	247,000
KEYBANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
LANDMARK NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
LINCOLN SAVINGS BANK	VARIABLE	DEMAND	247,000	247,000
LIVE OAK BANKING COMPANY	VARIABLE	DEMAND	247,000	247,000
MABREY BANK	VARIABLE	DEMAND	247,000	247,000
MECHANICS BANK	VARIABLE	DEMAND	247,000	247,000
MERCHANTS BANK OF INDIANA	VARIABLE	DEMAND	52,491	52,491
MIDFIRST BANK	VARIABLE	DEMAND	247,000	247,000
MIDLAND STATES BANK	VARIABLE	DEMAND	247,000	247,000
MORTON COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
NBH BANK	VARIABLE	DEMAND	247,000	247,000
NBT BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
NEXBANK	VARIABLE	DEMAND	247,000	247,000
NORTHEAST BANK	VARIABLE	DEMAND	247,000	247,000
NORTHRIM BANK	VARIABLE	DEMAND	247,000	247,000
NORTHWEST BANK	VARIABLE	DEMAND	247,000	247,000
OCEAN BANK	VARIABLE	DEMAND	247,000	247,000
OLD NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
ORIGIN BANK	VARIABLE	DEMAND	247,000	247,000
PACIFIC PREMIER BANK	VARIABLE	DEMAND	247,000	247,000

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
PARK NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
PATRIOT BANK	VARIABLE	DEMAND	247,000	247,000
PEAPACK PRIVATE BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
PINNACLE BANK	VARIABLE	DEMAND	247,000	247,000
PINNACLE BANK	VARIABLE	DEMAND	247,000	247,000
PLAINSCAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
PREFERRED BANK	VARIABLE	DEMAND	247,000	247,000
PREMIER BANK	VARIABLE	DEMAND	247,000	247,000
PROSPERITY BANK	VARIABLE	DEMAND	247,000	247,000
PROVIDENT BANK	VARIABLE	DEMAND	247,000	247,000
QUAD CITY BANK AND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
RAYMOND JAMES BANK	VARIABLE	DEMAND	247,000	247,000
RIVER BANK & TRUST	VARIABLE	DEMAND	247,000	247,000
RIVER CITY BANK	VARIABLE	DEMAND	247,000	247,000
ROCKLAND TRUST COMPANY	VARIABLE	DEMAND	247,000	247,000
SANDY SPRING BANK	VARIABLE	DEMAND	247,000	247,000
SEACOAST NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
SERVISFIRST BANK	VARIABLE	DEMAND	247,000	247,000
SHORE UNITED BANK N.A.	VARIABLE	DEMAND	247,000	247,000
SIMMONS BANK	VARIABLE	DEMAND	247,000	247,000
SMARTBANK	VARIABLE	DEMAND	247,000	247,000
SOUTH STATE BANK N.A.	VARIABLE	DEMAND	247,000	247,000
SOUTHSIDE BANK	VARIABLE	DEMAND	203,812	203,812
SOUTHSIDE BANK	VARIABLE	DEMAND	43,188	43,188
STATE BANK OF INDIA	VARIABLE	DEMAND	247,000	247,000
STIFEL BANK	VARIABLE	DEMAND	247,000	247,000
SUNFLOWER BANK NA	VARIABLE	DEMAND	247,000	247,000
SYNOVUS BANK	VARIABLE	DEMAND	247,000	247,000
TEXAS CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TEXAS PARTNERS BANK	VARIABLE	DEMAND	247,000	247,000
THE CAMDEN NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
THE HUNTINGTON NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
THE RICHWOOD BANKING COMPANY	VARIABLE	DEMAND	247,000	247,000
TOMPKINS COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
TRADITION CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TRISTATE CAPITAL BANK	VARIABLE	DEMAND	247,000	247,000
TRUIST BANK	VARIABLE	DEMAND	247,000	247,000
UMB BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
UMPQUA BANK	VARIABLE	DEMAND	247,000	247,000
UNIBANK FOR SAVINGS	VARIABLE	DEMAND	247,000	247,000
UNITED BANK	VARIABLE	DEMAND	247,000	247,000
UNITED COMMUNITY BANK	VARIABLE	DEMAND	247,000	247,000
UNITED FIDELITY BANK FSB	VARIABLE	DEMAND	247,000	247,000
VALLEY NATIONAL BANK	VARIABLE	DEMAND	247,000	247,000
WATERFORD BANK N.A.	VARIABLE	DEMAND	247,000	247,000
WEBSTER BANK NATIONAL ASSOCIATION	VARIABLE	DEMAND	247,000	247,000
WELLS FARGO	VARIABLE	DEMAND	871,523	871,523
WESBANCO BANK INC.	VARIABLE	DEMAND	247,000	247,000
WEST POINT BANK	VARIABLE	DEMAND	247,000	247,000
WESTERN ALLIANCE BANK	VARIABLE	DEMAND	247,000	247,000
WOODFOREST NATL BANK	VARIABLE	DEMAND	247,000	247,000
ZIONS BANCORPORATION N. A.	VARIABLE	DEMAND	247,000	247,000
			<u>\$ 39,747,940</u>	<u>\$ 39,747,940</u>

**WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15,
15A, 15C, 15D AFL-CIO**

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
DODGE & COX INCOME FUND I	632,528	\$ 7,823,901	\$ 7,830,690
FIDELITY TREASURY PORTFOLIO	40,331,953	40,331,953	40,331,953
FPA FDS TR NEW INCOME FUND	806,725	7,728,452	7,881,698
PIMCO MODERATE DURATION FUND	1,258,703	11,527,262	11,529,725
VANGUARD INTERMEDIATE BOND ETF	76,836	5,885,414	5,741,954
VANGUARD SHORT TERM ETF	75,048	5,735,909	5,798,959
VANGUARD TOTAL INTL ETF	46,567	2,591,919	2,744,193
VANGUARD TOTAL STOCK ETF	25,653	5,235,005	7,434,496
		<u>\$ 86,859,815</u>	<u>\$ 89,293,668</u>

WELFARE FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNIONS 15, 15A, 15C, 15D AFL-CIO

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

EIN 13-6694320, PLAN NO. 501

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	FIDELITY TREASURY PORT - INSTITUTIONAL CLASS SHS	\$ 39,000,003	\$ -	\$ -	\$ -	\$ -	\$ 39,000,003	\$ -