

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IUOE LOCAL 295-295B,C,D WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295</u></p> <p><u>61-04 MAURICE AVENUE</u> <u>61-04 MAURICE AVENUE</u> <u>MASPETH, NY 11378</u> <u>MASPETH, NY 11378</u></p>	<p>1c Effective date of plan <u>05/26/1961</u></p> <p>2b Employer Identification Number (EIN) <u>11-1964991</u></p> <p>2c Plan Sponsor's telephone number <u>718-672-1415</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2025	ANGELO CORDISCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2025	STEVE SCURTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	530
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)	530
	6a(2)	589
	6b	
	6c	
	6d	589
	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	34

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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>3</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 IUOE LOCAL 295-295B,C,D WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295</p>	<p>D Employer Identification Number (EIN) 11-1964991</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
ANTHEM BLUE CROSS BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7391136	55093	G1921		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="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">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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(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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan IUOE LOCAL 295-295B,C,D WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295		D Employer Identification Number (EIN) 11-1964991

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

AETNA LIFE INSURANCE CO

(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
06-6033492	60054	E00067173181	5	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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	20522
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>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 IUOE LOCAL 295-295B,C,D WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295</p>	<p>D Employer Identification Number (EIN) 11-1964991</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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	62057	000010260851	742	02/01/2024	01/31/2025

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 4318</p>	<p>(b) Total amount of fees paid 17934</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
EMERSON ROGERS LLC **669 RIVER DR CENTER II STE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	17934	ENROLLMENT, CASE QUOTE AND MATERIAL PREP.	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE LLC **100 OTTAWA AVE SW**
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4318	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	

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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. **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)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	167160
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 IUOE LOCAL 295-295B,C,D WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295	D Employer Identification Number (EIN) 11-1964991	

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

STAFF BENEFITS MANAGEMENT INC

81-1242192

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

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

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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)

ANGELO CORDISCO

61-04 MAURICE AVE
MASPETH, NY 11378

11-1964991

(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	EMPLOYEE	283213	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS BLUE SHEILD

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	259113	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 type="checkbox"/>

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

STEPHEN MOGILA

61-04 MAURICE AVE
MASPETH, NY 11378

11-1964991

(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	EMPLOYEE	170308	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)

INSURANCE DESIGN ADMINISTRATORS

13-3155962

(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	TPA	119545	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)

KIMBERLEY BLAIR

61-04 MAURICE AVE
MASPETH, NY 11378

11-1964991

(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	EMPLOYEE	102222	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)

NINA DICIOCCIO

61-04 MAURICE AVE
MASPETH, NY 11378

11-1964991

(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	EMPLOYEE	88616	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)

MICHAEL PISANTI

61-04 MAURICE AVE
MASPETH, NY 11378

11-1964991

(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	EMPLOYEE	72465	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)

ACRISURE LLC

26-3554645

(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?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	63806	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST ACTUARIAL CONSULTING INC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	48700	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)

MODERN ADMINISTRATION SYSTEMS LLC

92-2010862

(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?
54 15 19	NONE	46665	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)

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 33 71 49 50 15 64 55 99	NONE	43815	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FITZSIMMONS ABRAMS, LLP

13-2858927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	36000	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)

WEAVER & TIDWELL LLP

75-0786316

(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	NONE	28500	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)

CITRIN COOPERMAN & COMPANY LLP

22-2428965

(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	NONE	26318	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)

FRONTLINE MANAGED SERVICES

701 EMERSON RD 400
CREVE COEUR, MO 63141

(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	20015	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)

MICHAEL J COMERFORD, P.C.

11-3297085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16000	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)

HILB GROUP

47-4324398

(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?
53 50	NONE	8000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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:	WEAVER AND TIDWELL, LLP	b EIN:	75-0786316
c Position:	AUDITOR		
d Address:	ONE PENN PLAZA, STE 2800 NEW YORK, NY 10119	e Telephone:	212-695-5003

Explanation: TRUSTEES DECISION TO RETAIN NEW AUDITING FIRM FOR YEAR ENDED DECEMBER 31, 2024.

a Name:	CITRIN COOPERMAN	b EIN:	22-2428965
c Position:	ADVISORY/ BOOKKEEPING		
d Address:	225 BROADHOLLOW ROAD, STE 401 MELVILLE, NY 11747	e Telephone:	631-930-5000

Explanation: TRUSTEES DECISION TO BRING BOOKKEEPING AND INTERNAL ACCOUNTING FUNCTIONS IN HOUSE.

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 IUOE LOCAL 295-295B,C,D WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND LOCAL 295	D Employer Identification Number (EIN) 11-1964991

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	556110	222102
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2508416	2014610
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	689368	989785
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	696606	1416472
(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)	3070000	2900000
(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)	10484320	7214156
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	562047	821292

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	2278	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	18569145	15578417
Liabilities			
g Benefit claims payable.....	1g	3079112	1960000
h Operating payables.....	1h	70553	107697
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8780	18000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3158445	2085697
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15410700	13492720

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)	7381771	
(B) Participants.....	2a(1)(B)	44680	
(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)		7426451
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2824	
(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)		
(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)	323996	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5309804	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4332763	
(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)	-170000	
(B) Other.....	2b(5)(B)	-78646	
(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)	
c Other income	2c	5845
d Total income. Add all income amounts in column (b) and enter total.....	2d	8487511

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8433295
(2) To insurance carriers for the provision of benefits	2e(2)	512901
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	8946196
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)	621276
(2) Contract administrator fees	2i(2)	365760
(3) Recordkeeping fees	2i(3)	26318
(4) IQPA audit fees	2i(4)	64500
(5) Investment advisory and investment management fees	2i(5)	36783
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	48700
(8) Legal fees	2i(8)	16000
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	37058
(11) Other expenses.....	2i(11)	242900
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1459295
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	10405491

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-1917980
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: FITZSIMMONS ABRAMS, LLP

(2) EIN: 13-2858927

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		2959539
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.		X	

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

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 _____.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
FINANCIAL REPORT
DECEMBER 31, 2024**



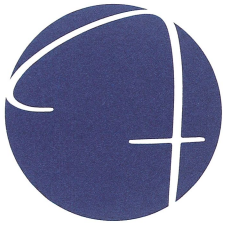
**FITZSIMMONS
ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
FINANCIAL REPORT
DECEMBER 31, 2024**

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INDEPENDENT AUDITOR’S REPORT

Board of Trustees
International Union of Operating Engineers
Local 295-295B,C,D Welfare Fund

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund (the “Fund”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits and statement of plan benefit obligations as of December 31, 2024, and the related statement of changes in net assets available for benefits and change in plan benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund as of December 31, 2024, and the change in its net assets available for benefits and plan benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2024 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 International Union of Operating Engineers Local 295-295B,C,D Welfare Fund’s ability to continue as a going concern for one year after the date the financial statements are available to be issued.



Responsibilities of Management for the 2024 Financial Statements (Continued)

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 2024 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 International Union of Operating Engineers Local 295-295B,C,D Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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



Other Matters

2024 Supplemental Schedules Required by ERISA

Our audit was 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 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the 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.

2024 Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 21 through 23 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

2023 Financial Statements

The financial statements of the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund as of December 31, 2023, were audited by other auditors whose report dated October 15, 2024 expressed an unmodified opinion on those statements.

Fitzsimmons Abrams LLP

Woodbury, New York

July 21, 2025

FITZSIMMONS ABRAMS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke | Ste 210 | Woodbury, NY 11797



**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<u>ASSETS</u>		
Investments at fair value:		
Cash and cash equivalents	\$ 1,404,094	\$ 696,606
Exchange-traded funds	821,292	562,047
Mutual funds	7,214,156	10,484,320
Real estate	2,959,539	3,070,000
Total Investments	12,399,081	14,812,973
Receivables:		
Employer contributions	2,014,610	2,508,416
Stop-loss reimbursements	524,316	353,733
Prescription drug rebates	207,925	191,681
Due from related parties	86,942	138,345
Total Receivables	2,833,793	3,192,175
Cash	222,102	556,110
Fixed assets, net of accumulated depreciation	-	2,278
Prepaid expenses	71,569	5,609
Total Assets	15,526,545	18,569,145
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	73,825	70,553
Contributions received in advance	-	8,780
Total Liabilities	73,825	79,333
NET ASSETS AVAILABLE FOR BENEFITS	\$ 15,452,720	\$ 18,489,812

See accompanying independent auditors' report and notes to the financial statements

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year Ended December 31, <u>2024</u>
<u>ADDITIONS</u>	
Contributions:	
Employers	\$ 7,381,771
Participants (COBRA)	44,680
Total Contributions	<u>7,426,451</u>
Investment income:	
Net appreciation in fair value of investments	728,395
Interest and dividends	326,820
	<u>1,055,215</u>
Less: investment expenses	<u>(36,783)</u>
Net income from investments	<u>1,018,432</u>
Other income:	
Other income	5,845
Total other income	<u>5,845</u>
Total Additions	<u>8,450,728</u>
<u>DEDUCTIONS</u>	
Health care benefits paid for participants	9,552,407
Insurance premiums paid for participants	512,901
General and administrative expenses	1,422,512
	<u>11,487,820</u>
NET (DECREASE)	(3,037,092)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	<u>18,489,812</u>
End of Year	<u><u>\$ 15,452,720</u></u>

See accompanying independent auditors' report and notes to the financial statements

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
STATEMENT OF PLAN BENEFIT OBLIGATIONS**

	<u>December 31,</u> <u>2024</u>
Obligations for current benefit coverage:	
Benefit claims incurred but not paid on behalf of participants	<u>\$ 1,960,000</u>
Total obligations for current benefit coverage	<u>1,960,000</u>
 TOTAL PLAN BENEFIT OBLIGATIONS	 <u>\$ 1,960,000</u>

See accompanying independent auditors' report and notes to the financial statements

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

	Year ended December 31, 2024
Obligations for current benefit coverage:	
Balance - beginning of year	\$ 3,079,112
Net change during year:	
(Decrease) in benefit claims incurred but not yet paid	(1,119,112)
TOTAL PLAN BENEFIT OBLIGATIONS	\$ 1,960,000

See accompanying independent auditors' report and notes to the financial statements

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the International Union of Operating Engineers Local 295-295B,C,D Welfare Fund (the “Plan” or the “Fund”), is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan established under the provisions of an Agreement and Declaration of Trust dated May 26, 1961, between the International Union of Operating Engineers Local 295-295B,C,D (“the Union”), and various employers in the refrigeration, heating, ventilation and air conditioning industries operating in the New York metropolitan region, who are parties to a collective bargaining agreement requiring contributions to the Plan. The Union and the Employers agreed to participate in the operation of a Welfare Fund for the purpose of, providing and maintaining health care benefits to eligible employees of participating employers who are represented by the Union. The Plan is administered by a Joint Board of Trustees consisting of Union and Employer representatives and is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement. Contribution rates vary depending on the types of coverage negotiated.

In addition, the Union, a related party, makes contributions to the Plan on behalf of its employees.

The Plan is noncontributory for employees except for COBRA premiums as required by law.

Benefits

The Plan provides hospital, medical, dental, optical, prescription drugs, life, and accidental death and dismemberment benefits for eligible members and dependents of members. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Life and accidental death and dismemberment benefits are provided through a contract with an insurance carrier.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Eligibility

All employees who wish to receive benefits must be actively employed by a contributing employer who has signed a collective bargaining agreement requiring contributions to be made to this Plan. Eligibility is effective on the first day of the month for which an employee’s employer is obligated to remit at least one full month of contributions on the employee’s behalf.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Third-Party Administrators

The Plan utilizes third-party administrators for the administration of the Plan's self-insured medical and prescription drug arrangements under the terms of the applicable administrative service agreements. However, the responsibility for payment of benefits is retained by the Plan and Trust.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, along with estimated amounts for claims incurred but not yet paid, and disclosure of contingent assets and liabilities, if any, at the date of the financial statements. Actual results could differ from those estimates.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian. See Note 4 for a discussion of fair value measurement.

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

Contributions Receivable

Employer contributions receivable represent cash contributions received subsequent to December 31, 2024, but applicable to payroll periods prior to the balance sheet date.

Depreciation

Property and equipment is stated at cost less accumulated depreciation. Depreciation is computed on the straight-line basis over the estimated useful life of the asset.

Payment of Benefits

Claims payments are recorded when paid. Premiums paid to insurance companies are recorded as health care benefits paid for participants. These payments are recorded as benefits paid in the accompanying statements of changes in net assets available for benefits.

Benefit Obligations

Benefit claims payable but not yet paid (IBNP) represents claims and estimated claims incurred on or prior to December 31, but not yet paid as of that date. IBNP estimates are in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of plan benefit obligations.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds are netted against claims paid in the statement of changes in net assets available for benefits. For the contract policy twelve month period ended December 31, 2024 \$1,359,148 was reimbursed to the Fund.

Allocation of Shared Expenses

For cost savings efficiencies the Board of Trustees of the Plan along with the Board of Trustees of related benefit funds have entered into a cost sharing arrangement for certain administrative expenses. Allocations are based on a written time study and detailed in the shared cost allocation policy. (See Note 5)

Compensated Absences

No accrual has been made for compensated absences since the vacations are taken throughout the year, and the amounts are not material.

Change in accounting estimate

During year ended December 31, 2024, Management revised its estimate for contributions receivable based on industry standards in an effort to provide a more transparent and accurate reflection of the Plans financial status and activities.

The revised estimate decreased beginning of the year contributions receivable by \$1,272,233. The impact of this change has been reflected in the statement of changes in net assets available for benefits and has been accounted for prospectively, as required by accounting principles generally accepted in the United States of America.

NOTE 3 – BENEFIT OBLIGATIONS

Claims Incurred but not Paid

Plan obligations at December 31 for claims incurred but not paid are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 4 – FAIR VALUE MEASUREMENT

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024.

Cash Equivalents: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Exchange-traded Funds: Valued at quoted marked prices reported on the national securities exchange in which the individual securities are traded.

Mutual Funds: Valued at the daily closing price as reported by the mutual fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily net asset value (NAV) and to transact at the price. The mutual fund held by the Plan is deemed to be actively traded.

Real Estate: Valued at net asset value (NAV) per share at year end as reported by Maurice 53, Inc. (“a wholly owned subsidiary”) The NAV, as provided, is used as a practical expedient to estimate fair value. Share values are based on the current market value or appraised value of the underlying real estate properties.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 4 – FAIR VALUE MEASUREMENT (Continued)

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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The Fund's investments are held in a bank-administered trust fund. The following is a summary of investments at fair value at December 31, 2024 and 2023.

Investments at fair value as of December 31, 2024

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Cash equivalents	\$ 1,404,094	\$ -	\$ -	\$ 1,404,094
Exchange-traded funds	821,292	-	-	821,292
Mutual funds	7,214,156	-	-	7,214,156
Real estate	-	2,959,539	-	2,959,539
Total Investments in the fair value hierarchy	9,439,542	2,959,539	-	12,399,081
Investments measured at NAV				-
Total investments	\$ 9,439,542	\$ 2,959,539	\$ -	\$ 12,399,081

Investments at fair value as of December 31, 2023

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Exchange-traded funds	\$ 562,047	\$ -	\$ -	\$ 562,047
Mutual funds	10,484,320	-	-	10,484,320
Money market funds	-	696,606	-	696,606
Real estate	-	-	3,070,000	3,070,000
Total Investments in the fair value hierarchy	11,046,367	696,606	3,070,000	14,812,973
Investments measured at NAV				-
Total investments	\$ 11,046,367	\$ 696,606	\$ 3,070,000	\$ 14,812,973

During the year ended December 31, 2024, the Fund's investments, including investments bought, sold and held during the year appreciated in value \$728,395.

Net realized gains on the sale of investments included in the above totals amounted to \$977,041 for the year ended December 31, 2024.

See independent auditors' report.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 4 – FAIR VALUE MEASUREMENT (Continued)

Changes in Fair Value Levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. Assets transferred out of level 3 are primarily the result of the Fund obtaining observable pricing information or third-party pricing quotation that appropriately reflects the fair value of those assets. For the year ended December 31, 2024, the Fund transferred real estate investments with a fair value of approximately \$3,070,000 from level 3 to level 2.

The following table sets forth a summary of certain changes in the fair value of the Plan’s Level 3 assets for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Balance, beginning of year	\$ 3,070,000	\$ 2,910,000
Transfers in / (out) of level 3	(3,070,000)	-
Total unrealized gains (losses) included in net increase (decrease) in net assets available for benefits and related assets still held at the reporting date	-	160,000
Balance, end of year	<u>\$ -</u>	<u>\$ 3,070,000</u>

NOTE 5 – RELATED PARTY TRANSACTIONS

The Union operates in a jointly administered office with the Plan and other related collectively bargained employee benefit plans. Since these organizations co-exist in the same premises, utilizing mutual resources, equipment and personnel to effectuate cost-savings and to minimize duplication of efforts, inter-fund relationships have been established on a continuing basis. Due (to)/from related entities balances result from the reimbursement of shared expenses, allocations of shared expenses or transfers of funds.

The Plan charged approximately \$1,151,000 to its related employee benefit plans, IUOE Local 295-295B,C Pension Fund, IUOE Local 295-295C Joint Educational Fund, IUOE Local 295-295C Employees Annuity Plan, IUOE Local 295-295C 401(k) Plan (collectively, the Plans), Maurice 53, Inc. and the Union for allocated administrative expenses incurred in the operation of its jointly administered office. Additionally, certain expenses are charged directly, and are not included in the allocated charge.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 5 – RELATED PARTY TRANSACTIONS (Continued)

The Plans and the Union share office space with the Plan. Beginning on September 29, 2020, the Plan rents office space from Maurice 53, Inc., a wholly owned subsidiary of the Plan.

The amounts due from/(to) related entities as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Due to/from related entities		
IUOE Local 295-295B,C,D Pension Fund	\$ -	\$ 94,987
IUOE Local 295-295B,C,D Employees Annuity Plan	42,978	19,384
IUOE Local 295-295B,C,D 401(k) Plan	10,092	-
IUOE Local 295-295B,C,D Joint Education Fund	-	8,864
IUOE Local Union 295-295B,C,D	-	(4,844)
Maurice 53, Inc.	33,872	23,054
Total due from related entities	<u>\$ 86,942</u>	<u>\$ 141,445</u>

NOTE 5. CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentrations of credit risk include cash, mutual funds, exchange-traded funds, and employers' contributions. The Plan maintains accounts at a high-quality financial institution. Its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

Four employers accounted for approximately 52% of employers' contribution income for the year ended December 31, 2024, and approximately 80% of employers' contributions receivable for the year ended December 31, 2024.

NOTE 6- COMMITMENTS

The Fund extended its original lease for its office space with Maurice 53, Inc., a wholly owned subsidiary. The term of the lease agreement is from January 1, 2025 through December 31, 2029. Under the terms of the agreement, the annual rent amount of \$64,991 will be payable in monthly installments and subject to annual increases per annual space allocation reports. Per the agreement and pursuant with Department of Labor Regulation 2250.408b-2, the lease can be terminated by the tenant upon 30 days written notice. As such, no right-of-use asset is recognized.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 6- COMMITMENTS (Continued)

Future minimum annual lease commitments as of December 31, 2024 is as follows:

<u>Year</u>	<u>Total</u>
2025	\$ 64,991
2026	64,991
2027	64,991
2028	64,991
2029	64,991
Total	<u>\$ 324,955</u>

NOTE 7 –CONTINGENCIES

Collection claims and lawsuits arise in the normal course of the Plan’s activities. As of December 31, 2024 management has advised that no suits present claims against the Plan which could materially affect the financial position of the Plan.

Management has entered into five stipulation agreements with delinquent employers. As per management the outstanding receivable balance as of December 31, 2024 was \$387,478. Stipulation income is recorded when received, as such is not included in contribution receivables reported on the statement of net assets available for benefits.

NOTE 8 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. These 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 these investment securities will occur in the near term and that such changes could materially affect the funding status of the Plan and amounts reported in the financial statements.

The actuarial IBNP reported in the statement of plan benefit obligations are based on certain assumptions and estimates pertaining to industry standard lag factors, run off rates and historical results, 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.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 9 – TAX STATUS

The Internal Revenue Service has ruled that the Fund is an exempt organization under Section 501 (c) (9) of the Internal Revenue Code and is therefore not subject to Federal income taxes. The Fund is required to operate in conformity with the IRC to maintain its qualification. The Board is not aware of any course of action or series of events that have occurred that might adversely affect the Fund’s qualified status.

Accounting principles generally accepted in the United States of America requires Fund management to evaluate tax positions taken by the Fund and recognize a tax liability or asset if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund’s management has analyzed the tax positions taken by the Fund, and has concluded that at December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 10 – PROCEDURES UPON TERMINATION

Although they have not expressed any intention to do so, the Board of Trustees, as Plan Sponsor, has the right under the Plan to modify the benefits provided to active employees and retirees and to terminate the Plan subject to the provisions of ERISA. In the event of termination, the Plan’s remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of the Plan’s participants.

NOTE 11 - PROPERTY AND EQUIPMENT

Property and equipment is carried at cost, less accumulated depreciation as classified below:

	<u>2024</u>	<u>2023</u>
Furniture and fixtures	\$ 29,844	\$ 29,844
Computer and office equipment	96,026	96,026
Leasehold improvements	52,438	52,438
<i>Less: Accumulated depreciation</i>	<u>(177,308)</u>	<u>(176,030)</u>
Property and Equipment, Net	<u>\$ -</u>	<u>\$ 2,278</u>

Depreciation expense totaled \$2,278 for the year ended December 31, 2024.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 12 – MULTIEMPLOYER PLAN

The Plan contributes to two multiemployer defined pension plans under the terms of participation agreements covering its eligible employees. The risks of participation in these multiemployer plans are different than single-employer plans in the following aspects:

- a) Assets contributed to the multiemployer plan by an employer may be used to provide benefits to participants of other participating employers.
- b) If a participating employer discontinues contributions to the plan, other participating employers may have to cover any unfunded liability that may exist.
- c) If the employer stops participating in some of its multiemployer pension plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan’s participation in these plans for the year ended December 31, 2024, is outlined in the table below. The “EIN/Pension Plan Number” column provides the Employer Identification number (“EIN”) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (“PPA”) zone

status available is for the Plan’s year-beginning January 1, 2024. The zone status is based on information that the Plan received from the plan and is certified by the plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status Pending/Implemented” column indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

Name of Plan	EIN/Pension Plan Number	Certified Zone Status 2024	FIP/RP Status Pending/ Implemented	Contributions for Year Ended December 31, 2024	Surcharge Paid	Expiration Date of CBA
IUOE LOCAL 295-295 B,C,D PENSION FUND	11-6042885/001	Green	N/A	\$ 142,845	N/A	N/A
GENERAL PENSION PLAN I.U.O.E.	52-6124299/001	Green	N/A	\$ 89,273	N/A	N/A

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 13– RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2024 to the Form 5500:

	2024
Net assets available for benefits as reported on the financial statements	\$ 15,452,720
Less: benefit claims incurred but not paid	(1,960,000)
Net assets available for benefits as reported on the form 5500	\$ 13,492,720

For financial statement purposes, claims incurred but not paid 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 benefit payments and payments to provide benefits to or for participants as reported on the financial statements to the total benefits as reported on the Form 5500:

	Year Ended December 31, 2024
Total benefits as reported on the financial statement	\$ 10,065,308
Change in claims incurred but not paid	(1,119,112)
Total benefits reported on the Form 5500	\$ 8,946,196

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.

	Per Financial Statements	Reclassification	Per Form 5500
Contributions	\$ 7,426,451	\$ -	\$ 7,426,451
Investment income	1,018,432	36,783	1,055,215
Other Income	5,845	-	5,845
Total additions	8,450,728	36,783	8,487,511
Benefits paid	10,065,308	(1,119,112)	8,946,196
Administrative expenses	1,422,512	36,783	1,459,295
Total deductions	11,487,820	(1,082,329)	10,405,491
Net (decrease) increase	\$ (3,037,092)	\$ 1,119,112	\$ (1,917,980)

See independent auditors' report.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 13 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

In addition to the above reclassification, the Plan's investments have been reclassified for Form 5500 purpose in accordance with the Department of Labor's plan asset regulations. See the Schedule of Reconciling the Statements of Net Assets Available for Benefits to Form 5500 on page 23.

NOTE 14 – SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through the date of the auditors' report, the date the financial statements were available to be issued. There were no events requiring recording or disclosure in the financial statements for the year ended December 31, 2024.

SUPPLEMENTAL SCHEDULES

See independent auditors' report

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
SCHEDULE OF HEALTH CARE BENEFITS PAID FOR PARTICIPANTS

	Year Ended December 31, <hr/> 2024 <hr/>
<u>Self Funded Benefits</u>	
Hospitalization and medical	\$ 9,750,095
Prescription drugs	1,419,060
Dental	199,309
Vision	22,658
<i>Less: Stop-loss insurance reimbursements</i>	(1,359,148)
<i>Less: Prescription drug rebates</i>	(479,567)
Total payments of self funded benefits	<hr/> 9,552,407 <hr/>
<u>Insured Benefits</u>	
Medical insurance premiums	250,638
Life insurance premiums	41,202
Stop-loss insurance premiums	221,061
Total payments to insured benefits	<hr/> 512,901 <hr/>
Total health care benefits paid for participants	<hr/> \$ 10,065,308 <hr/>

See independent auditors' report

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES**

	Year Ended December 31, 2024
<u>Fund Office Expenses</u>	
Salaries	\$ 391,665
Payroll taxes	24,285
Employee benefits	205,326
Administrative fees	365,760
Occupancy costs	105,604
Office, printing and postage	67,082
Conference and meetings	37,058
IT and computer costs	26,862
Auto expense	9,468
Plan sponsor admin fees	7,042
Depreciation	2,278
	1,242,430
Total Fund Office Expenses	1,242,430
<u>Professional Fees</u>	
Legal	16,000
Auditing	64,500
Actuarial	48,700
Accounting	26,318
Consulting	1,653
	157,171
Total Professional Fees	157,171
<u>Other Expenses</u>	
Insurance	19,597
PCORI fee	3,314
	22,911
Total Other Expenses	22,911
Total Administrative Expense	\$ 1,422,512

See independent auditors' report

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS TO FORM 5500
DECEMBER 31, 2024**

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
<i>Assets</i>			
Investments			
Cash equivalents	\$ 1,404,094	\$ 12,378	\$ 1,416,472
Exchange-traded funds	821,292	-	821,292
Mutual funds	7,214,156	-	7,214,156
Real estate	2,959,539	(59,539)	2,900,000
Receivables	2,833,793	32,394	2,866,187
Cash	222,102	-	222,102
Other assets	<u>71,569</u>	<u>66,639</u>	<u>138,208</u>
Total Assets	15,526,545	51,872	15,578,417
<i>Liabilities</i>			
Accounts payable and accrued expenses	73,825	33,872	107,697
Other liabilities	<u>-</u>	<u>18,000</u>	<u>18,000</u>
Total Liabilities	73,825	51,872	125,697
Net Assets Available for Benefits	<u>\$ 15,452,720</u>	<u>\$ -</u>	<u>\$ 15,452,720</u>
Less Benefit Obligation Currently Payable			<u>\$ 1,960,000</u>
Net Assets Available for Benefits Form 5500			<u>\$ 13,492,720</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts. In addition, for financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligation. 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.

See independent auditors' report.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
E.I.N. 11-1964991, PLAN 501
DECEMBER 31, 2024**

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)		
Cash Equivalents					
Morgan Stanley Private Bank NA			1.00	\$ 1,271	\$ 1,271
Invesco Treasury PTF Instl	Share	1,402,822.660	1.00	1,402,823	1,402,823
Maurice 53, Inc. Cash Equivalent			1.00	12,378	12,378
Total Cash Equivalents				1,416,472	1,416,472
Exchange-traded Funds					
SPDR Gold TR Gold Shs	Share	1,901.000	242.13	329,031	460,289
Vanguard Mid-Cap ETF Index	Share	518.000	264.13	112,984	136,819
Vanguard Real Estate ETF	Share	817.000	89.08	67,476	72,778
Vanguard S&P 500 ETF	Share	281.000	538.81	142,388	151,406
Total Exchange-traded Funds				651,879	821,292
Mutual Funds					
Cohen & Steers Low Dur P&I I	Share	12,204.777	9.43	108,326	115,091
Diamond Hill SH Dur Secu BD I	Share	108,208.040	9.95	1,093,082	1,076,670
Fidelity Adv Real Estate Inc I	Share	20,896.254	11.87	309,002	303,418
Fidelity Inf-Proc Index Bond	Share	24,858.667	8.89	245,142	220,994
Loomis Sayles Invst Grade Bd Y	Share	22,300.084	9.72	215,131	216,757
Vanguard 500 Indx Admiral	Share	1,115.073	542.76	295,552	605,217
Vanguard Developed Mkt Idx Adm	Share	28,075.670	15.36	394,662	431,242
Vanguard Growth Index Adm	Share	4,074.319	211.22	315,247	860,578
Vanguard Mid Cap Index Adm	Share	1,195.769	326.87	231,324	390,861
Vanguard REIT Index Admiral	Share	1,183.012	126.31	143,974	149,426
Vanguard SH TM Federal Adm	Share	94,250.962	10.15	1,000,999	956,647
Vanguard SH TM TSY Adm	Share	113,864.254	9.81	1,197,264	1,117,008
Vanguard Value Index Adm	Share	11,663.323	66.04	466,653	770,247
Total Mutual Funds				6,016,358	7,214,156
Real Estate					
Maurice 53, Inc.	NAV	1.00	2,959,539.00	3,013,930	2,900,000
Total Real Estate				3,013,930	2,900,000
Total Investments:				\$ 11,086,261	\$ 12,351,920

See independent auditors' report

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 295-295B,C,D WELFARE FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
E.I.N. 11-1964991, PLAN 501
DECEMBER 31, 2024**

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)		
Cash Equivalents					
Morgan Stanley Private Bank NA			1.00	\$ 1,271	\$ 1,271
Invesco Treasury PTF Instl	Share	1,402,822.660	1.00	1,402,823	1,402,823
Maurice 53, Inc. Cash Equivalent			1.00	12,378	12,378
Total Cash Equivalents				1,416,472	1,416,472
Exchange-traded Funds					
SPDR Gold TR Gold Shs	Share	1,901.000	242.13	329,031	460,289
Vanguard Mid-Cap ETF Index	Share	518.000	264.13	112,984	136,819
Vanguard Real Estate ETF	Share	817.000	89.08	67,476	72,778
Vanguard S&P 500 ETF	Share	281.000	538.81	142,388	151,406
Total Exchange-traded Funds				651,879	821,292
Mutual Funds					
Cohen & Steers Low Dur P&I I	Share	12,204.777	9.43	108,326	115,091
Diamond Hill SH Dur Secu BD I	Share	108,208.040	9.95	1,093,082	1,076,670
Fidelity Adv Real Estate Inc I	Share	20,896.254	11.87	309,002	303,418
Fidelity Inf-Proc Index Bond	Share	24,858.667	8.89	245,142	220,994
Loomis Sayles Invst Grade Bd Y	Share	22,300.084	9.72	215,131	216,757
Vanguard 500 Indx Admiral	Share	1,115.073	542.76	295,552	605,217
Vanguard Developed Mkt Idx Adm	Share	28,075.670	15.36	394,662	431,242
Vanguard Growth Index Adm	Share	4,074.319	211.22	315,247	860,578
Vanguard Mid Cap Index Adm	Share	1,195.769	326.87	231,324	390,861
Vanguard REIT Index Admiral	Share	1,183.012	126.31	143,974	149,426
Vanguard SH TM Federal Adm	Share	94,250.962	10.15	1,000,999	956,647
Vanguard SH TM TSY Adm	Share	113,864.254	9.81	1,197,264	1,117,008
Vanguard Value Index Adm	Share	11,663.323	66.04	466,653	770,247
Total Mutual Funds				6,016,358	7,214,156
Real Estate					
Maurice 53, Inc.	NAV	1.00	2,959,539.00	3,013,930	2,900,000
Total Real Estate				3,013,930	2,900,000
Total Investments:				\$ 11,086,261	\$ 12,351,920

See independent auditors' report

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan IUOE LOCAL 295-295B,C,D WELFARE FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	05/26/1961
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) INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE 61-04 MAURICE AVENUE MASPETH NY 11378	2b Employer Identification Number (EIN)	11-1964991
	2c Plan Sponsor's telephone number	718-672-1415
	2d Business code (see instructions)	238220

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

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

SIGN HERE	<i>Angelo Cordisco</i>	7/24/2025	ANGELO CORDISCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Steve Scurti</i>	7/27/2025	STEVE SCURTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE